03364

Reg. Dist. No. 305

_										
	COUNTY	Vashington		MARYI	- 11	CTATE	(Where deceased I	b. COUNTY WE	idence before	
Ь	CITY OR TOWN (I RURAL ond give no Hagers	f outside corporate limi egrest town) SOOWN	ts, write	Life	N 1b		(If outside corporor	te limits, write RURAL o		arest town)
d	OR INSTITUTION	At (If not in hospital, gon County H				d. street address Route #3				e. IS RESIDENCE ON A FARM? YES NO
D	AME OF ECEASED (ype or print)	Fir LIN		Middle LEE	Al	Lost JSHERMAN	4. DATE OF DEATH	Month Mar.	Do 7	
5. \$1	x Female	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIE	AA	March 7,		AGE (In years lif UN lost birthdoy) Mont		Hours Min.
100.	USUAL OCCUPATION during most of work Infar	king life, even if retired	done 10b.	KIND OF BUSINESS OF None	RINDUSTRY	Hagersto		ntry) 12.		S.
13. F	ATHER'S NAME				1	4. MOTHER'S MAIDE	N NAME			
	Gary Aus	sherman				Juanit	a Klipp			
TS. V Yes.		R IN U. S. ARMED FOR Iff yes, give war or dates of s		SOCIAL SECURITY NO.		RMANT Bry Ausher	Rout man Hage	te#2 Address erstown, Md.		
NOI	Conditions, if o gove rise to i coese (o), stoling lying couse lost. PART II. OTh	the under-	Con lan pu	lmonary angenital orge and silmonary ca	diaph mall avity	hyporagmatic bowel co	oplas i a c hernia ontained	a with I in left		ndefinit 9. WAS AUTOPSY PERFORMED?
	20g. ACCIDENT W/ OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED. (I	inter noture of injury	in Port I or Port II	of item 18.)		YES NO
MEDICAL	20c. TIME OF INJUR Hour a.m. p.m.	Y Month, Day, Ye	While of wor	Not while		OF INJURY (Home, to, street, office bldg.,		r town)	(County)	(Stote)
	ACTUAL SIGNATURE	arch 7 Subsection 19 B. B. Kne	12	57,, and that	ch 7 death od	148 Wes	ADDRESS (Street	7, 19. 57ha the causes and a et, city or town, stote) Ington St aryland	n the dat	te stated abave
220.	BURIAL, CREMATIC REMOVAL (Specify) Burial)F	22c. NAME OF CEME Rest Ha				ON (City, town, or coun	nty)	(Stote)
23. F	UNERAL DIRECTOR			ADDRESS	0.00		REC'D BY REGISTRA		S SIGNATUR	
Re	et Heven	Francrol Ch	nnol	The Heger	et oum		10. 0 195		14	300000

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after delith. Page 4 TO FUNERAL DIRECTORES PAGE 3 should be

he haspital ar attending physician.

the registrar prior to burial, cremation, ar remaval, and in any event within

BUREAU V. S.

TZEL I.I AAM

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Fr St. W.

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IAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	ending physician. ficate has been signed by the attending physician and campletely filled in by the kuneral director, the burial-transit permit. Then please reprove contain papers. Pages 1 and 2 starts be filed with or remayal, and in any event within 72 haurs often death.	1
ter death.	e funeral be fi	
4 hours of	ed in by the	1
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e executed	and camp on paper r death.	
rtificate b	physicion infove con hours offe	
death ce	please re within 72	
es that the	d by the mit. Then	
aw require	sician. seen signe ransit per l, and in	
AN: The l	ending physician. ficate has been signed by the attending physician and camp the burial-transit permit. Then please reprove carbon paper, or remayal, and in any event within 72 haur-after death.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03365 03361 **CERTIFICATE OF DEATH** Reg. Dist. No. 30 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE
b. COUNTY
Washington 1. PLACE OF DEATH a. COUNTY Washington MARYLAND Washi ngton

b. CITY OR TOWN (If outside corporate limits, write | c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

RURAL and give nearest town) Hagerstown	2 Yrs	03 Hager	rs tom	n			
d. NAME OF HOSPITAL (If not in hospital, gi	ve street oddress)	d. STREET ADDRESS	1			e. IS RES	SIDENCE A FARM?
111 Broadway		111 Bros	adway				TOON [
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Mor	nth	Doy	Year
(Type or print) JOHN	LARKIN	BARNES	DEATH	March	6 1957		19
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months Day		ER 24 HRS.
	WIDOWED DIVORCED		877	79 yrs.			
 USUAL OCCUPATION (Give kind of work d during most of working life, even if retired) 				- 011	n. 12. CITIZEN	OF WHAT	COUNTRY
Technician	Retired	Soddy Ham	iltor	1 Co	U	SA	4494
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME				
William Henry B	Barnes	Marga	ret G	ross			
15. WAS DECEASED EVER IN U. S. ARMED FORC		INFORMANT		Add	Iress		
No	423-07-0087 Me	elchora G. I	Barne	s 111 E	roadwa	v	
18. CAUSE OF DEATH [Enter only one cau		Hager				NTERVAL BE	ETWEEN
PART I. DEATH WAS CAUSED BY:	Arterioscleri		1	325256		NSET AND	DEATH
IMMEDIATE CAUSE (a)	71100110	0.10 1100.		140010			
Conditions, if any, which)	2	· I ALL	in ('n 1	scla roa			
gove rise to immediate DUE TO	30,20,12	LC ATUR	. 10	1 1 1 1 0 0	14		
coese (o), storing the under-							
(6)	DITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMI	INAL DISEAS	E CONDITION GI	VEN IN PART 160	1 19. WAS	AUTOPSY
PART II. OTHER SIGNIFICANT COND CIPT HOSE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING	of liver					PERFC YES T	DRMED?
20g. ACCIDENT WAS UNDERLYING []	206. DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Port I or Port	t II of item 1B.)			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	r 20d, INJURY OCCURRED 20e. PL	LACE OF INJURY (Home, farm	20f. (City	or town)	(Coun	ity)	(State)
20c. TIME OF INJURY Month, Doy, Year Hour a. m. 19	While Not while fo	actory, street, office bldg., etc	.)	or iowing	(COOI	''71	(Sidie)
	ot work at work		4				
21. I certify that I attended the	deceased fram	, 19 <u>.54</u> , to	1270	6. 195	Z.,that I last	saw the	deceased
alive an March 5	_, 19 <u>5</u> 7, and that death	h accurred at 9 A	_M, from	n the causes	and an the	date stat	ed above
00 1			ADDRESS (SI	treet, city or town,	stote)	D.	ATE SIGNED
SIGNATURE CONCLUCA	· / bollne	MD. 214 N. F	sten	nec st.	,		
DIVERSION A 1 0 1	14 /1		1			1	
PHYSICIAN'S LICYA A	- HoFFman	- Hes	erst	ewn.	-m	2	
220. BURIAL, CREMATION, 22b. DATE THEREO	F 22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCA	TION (City, town,	or county)	(Sto	te)
Burial 3/8/57	Rose Hill	Cemetery	Hag	erstown	Wagh	Go	Md
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGIST		STRAR'S SIGNA	TUPE	
Andrew K. Coffman	Hagerstown Md.	file	8.8.19	SLOW	EAST.	Joes	rock

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Reg. Dist. No.

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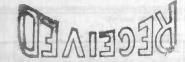
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PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Wa shington Washington MARYLAND Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 81 832 Pope Wash. County Hospital YES NOT Ave 3. NAME OF First Middle Lost 4. DATE Month Year Day DECEASED OF DEATH DURWARD (Type or print) WILLIAM BOONE March 19 1957 5. SEX 6. COLOR OR RACE 7. MARRIED TINEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours Min. WIDOWED T DIVORCED I Sept Male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11), BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Guard Pangborn Retired Libertvtown Fred Co IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John C. Boone Arie Bohn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Md. Fanny No 817-09-9809 Boone 832 Pope Hagerston 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) rours DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Day, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from. 19____that I last saw the deceased and that death occurred at 5 _M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL 136 North Potomac St. 57 Howard N. Weeks. Hagerstown, Maryland PHYSICIAN'S NAME (Type) registrar 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) Hagerstown Wash. se Cemeterv 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

ATTENDING HOSPITAL OR retained FUNER 0 VS A15 (4) 15M 9/55

BUREAU V. S.

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5	M	9/	55			

ar removal.

1. P	LACE OF DEATH					2. USUAL RESIDENCE (V	Vhere decea	ed lived. If Institu	tion: Reside	nce bef	ore odmi:	ssion)
0	. COUNTY	Mashington		MARY	LAND	o. STATE Penns	ylvani	a b. count	Alle	eghe	nv	
Ь	. CITY OR TOWN (III	outside corporate limits, write	e RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	oulside cor	porate limits, write		_		vn)
	agerstown			D.O.A.		Pittsb	urgh	75 x-3				V
				hospitol, give street oddres	55)	d. STREET ADDRESS					e. IS RE	SIDENCE A FARM?
		n County Ho	_			265 Lebano					YES 🗀	NO 🔯
-0	NAME OF DECEASED Type or print)	Samuel		Middle George		Bowman	4. DATE OF DEATH	March March		Doy 25		9 5 7
5. Si			7. MAI	RIED NEVER MARRIE		DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER			R 24 HRS.
	male	white		VED DIVORCED	-	February 14,		last birthday)	Months	Daba	Hours	Min.
Oa.	USUAL OCCUPATION	ON (Give kind of working life, even if retired)	done 10	. KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote	or foreign o	country)	12. CITI	ZEN OF	WHAT	COUNTRY
Re	etired Org	an Builder		wn Business		Washingt	con Co	unty, Md.	U.	S.A		
13.	FATHER'S NAME	77	T) -			14. MOTHER'S MAIDEN N						
16		eorge Henry			[2 - 20	Ida Wa	rbel					
(Yes,	no, or unknown)	If yes, give wor or dates of	service)	6. SOCIAL SECURITY NO.	1			Address	. % 5			
		W. W. I			1.17	rs. Anna H. H	OOWINATI	Pittsbur	ga Pe		_	
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o)		ne for (a), (b), ond (c).] arterio	scle	erotic cormne	ry he	art dises	se	ONSE	VAL BETWEE	TH
	420.1	DUE TO		coro	nary	artery thro	mbosi	S		1	944	
	Conditions, if a					coronary occ						
	(o), stoting the couse lost.										9	
CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\bigcup \ NO \(\bigcup \)											
CERTIFICATION	20a. EXTERNAL CAL PRIMARY OF COL CAUSE OF DEATH.	USE WAS NTRIBUTING []	b. DESCI	RIBE HOW INJURY OCCUI	RRED. (E	nter noture of injury in Port	I or Port II	of item 1B.)				
MEDICAL	20c. TIME OF INJUI Hour o. m.	None 19	W	hile Not while	Oe. PLAC	E OF INJURY (Home, form ory, street, office bldg., etc.	20f. (Cit)	or town)	(Cou	nty)		(Stote)
2	p. m.		-	work of work	d aba	none ve, held an Autapsy			1		- 1.0	1.1
				Accident .				nspectian X, ndetermined c	_	bound.	and t	ind tha
	ACTUAL SIGNATURE_	8 Rober	7)	uells		_M.D. CHIEF MEDICAL EX	The state of the s				DATE S	GNED
	EXAMINER'S NAME (Type)	S. Rol	ert	Wells, M.D.		ASSISTANT MEDICAL E				Мэ	r. 2	6 57
20-	BURIAL, CREMATIC REMOVAL (Specify)	N, 22b. DATE THEREC)F	22c. NAME OF CEMET			22d. LOCA	TION (City, town, o	r county)		(Stole)
220.	Burial	3/27/79	57	South Sid	e Ce	meterv	Pitt	sburg	Po	nner	zl l zar	190

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0	=	0	(LL	the registrar prior to burial, crematian, or remayal, and in any event within 72 hours after death.	
10 HOSPITAL OR ATTENDING PHISICIAN: The tow requires that the death certificate be executed within 24 hours after death. Tage	15	A15	ggs 3 should a stoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 db e filed wi)	
1	SM	9	155		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

	00,	JOE			6000			Keg. Dist. N	
1. PLACE OF o. COUNT	Washington		MARYLAND	a. STATE	DENCE (Whe	ere deceased l	ived. If institution b. COUNTY	Washin	Access to the same
b. CITY O RURAL	OR TOWN (If outside corporate li- and give nearest tawn) Hagerstown	mits, write	c. LENGTH OF STAY IN 16 5 weeks	0	TOWN (If our agerst		te limits, write R	URAL and give ne	earest town)
OR INS	OF HOSPITAL (If not in hospitol, stitution co. Hospiton co. Ho		address)	d. STREET		ntieta	m St.,		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASES (Type or p	D .	rginia	Middle H	Brown	st	4. DATE OF DEATH	Mon 3	14 D	Year 19 57
5. SEX fema		7. MARRI	DIVORCED	B. DATE OF BIRT	7.000	9.	AGE (In years last birthday) 78 yrs.	Months Days	R IF UNDER 24 HRS. Hours Min.
10a. USUAL of during n	OCCUPATION (Give kind of war nost of warking life, even if retire retired	ed)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHP	Wash.		ntry)		S.A.
3. FATHER'S	NAME			14. MOTHER'S	MAIDEN N	AME			
	Huron Huyet	t		L	ydia S	hupp			
[Yes, no, or unk	CEASED EVER IN U. S. ARMED FO	f service)		INFORMANT	. Hopk	ins	Hagers1	own, Md	•
Canding gave cause (tians, if ony, which rise to immediate (a). stating the under-couse last. PART II. OTHER SIGNIFICANT CO	(a) (b) (c) (c)	CONTRIBUTING TO DEATH BU	Lange of the state of	C B	F.	Her CONDITION GIVE	FN IN PART I(g)	Brook
ICATIC	CIDENT WAS UNDERLYING		CRIBE HOW INJURY OCCURR	•					PERFORMED? YES NO
OR CON	NTRIBUTING CAUSE OF DEAT ER, NOTIFY MEDICAL EXAMINER	Н							
9	E OF INJURY Manth, Day, Your o.m.	While		LACE OF INJURY			r tawn)	(Caunty	(State)
21. I continued actual signature of the	iure Scarl	T, 19	and that deat	h accurred at	100			ind an the di	taw the decease ate stated above DATE SIGNE
220. BURIAL, REMOV	CREMATION, 22b. DATE THER AL (Specify) 3-16-5	FOF /	Rose Hill	OR CREMATORY		22d. LOCATIO	ON (City, town, o	or county)	(State) Md.
The second	DIRECTOR'S SIGNATURE	In comm	ADDRESS Md		250 REC'D	BY REGISTRA		TRAR'S SIGNATI	Treser

10.75	ni final				Bo	man Republic	
			en de la company			rarad sign	
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			garde al		17.	rid north	
	b) (min	TO THE STATE		Teamber	KIND OF ALL HOUSE		0.00

BUREAU V. E.

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03365

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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(0	1		
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Reg. Dist. No. 305

6. COUNTY Washington	MARYLAND	A CTATE	Virginia b. COUNT		fore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give necreal town)	c. LENGTH OF STAY IN 16		outside corporate limits, write	RURAL ond give n	iearest tawn)
Hagerstown		Martinel	urg 85 X-3		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	pitot, give street address)	d. STREET ADDRESS			. IS RESIDENCE
In Automobile rear 260 S.	Mulbery Ave	Rural			ON A FARM?
3. NAME OF	Middle	Last	4. DATE Month	h Day	Year
(Type or print) Butta.	William Edwa	rd	OF Marc	h 13	19 57
5. SEX 6. COLOR OR RACE 7. MARRIE			9. AGE (In years	IFUNDER TYEAR	
Male White WIDOWED		Aug. 8,1886	70 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Stote		12. CITIZEN O	F WHAT COUNTRY
during most of working life, even if refired) Retired Condictor E	8 & O R. R.	Morgan	County		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
George Butts		Mary Reb	ecca Kearfot		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Address		
(Yes, no, or unknown) (If yes, give war or dates of service)	N	irs. Alma Ell	is Martin	nsburg, W	. Va.
18. CAUSE OF DEATH [Enter only one cause per line f	for (a), (b), and (c),]				RVAL BETWEEN
PART I DEATH WAS CAUSED BY.		01		ONSE	ET AND DEATH
1100	Acute Coronary				
Conditions it any which \	eriosclerotic	myocardial he with failure	eart disease		
gave rise to immediate cause	grade iv	WICH Tallur			
(o), stoting the underlying DUE TO				0000	
	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	JAI DISEASE CONDITION GIV	ENLINI PART 1/211	WAS ALITOPSY
OI NICOLATION OF THE PROPERTY	001	OT RESILED TO THE TERMIN	THE DISEASE CONDINOR ON		PERFORMED?
200. EXTERNAL CAUSE WAS 20b. DESCRIBE	HOW INJURY OCCURRED. (En	ater notice of injury in Part	Las Part II of item 18)		YES NO 3
CAUSE OF DEATH.	None	not notice of injury in Fort	or roll if of fiem 16.)		
9		E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or fown)	(County)	(State)
Hour o.m. None 19 While of wor		None	-		
21. I certify that I taak charge of the re	emains described abov	e, held an Autopsy	, Inspection X.	Inquiry	, and find that
death resulted fram: Natural causes X		ide . Homicide		ause .	
0000	1,00				
SIGNATURE SI TOTON	relles	M.D. CHIEF MEDICAL EXA	MINER		DATE SIGNED
	22 1/ 5	ASSISTANT MEDICA	L EXAMINER [
EXAMINER'S S. Robert We	118, M.D.	DEPUTY MEDICAL E	CAMINER X	3-13	-57
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR C	CREMATORY	22d. LOCATION (City, town, o	or county)	(State)
REMOVAL (Specify) Burial 3=16-57	Rosedale		Martinsburg		W. Va.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REGIS	FRAR'S SIGNATUR	
Howard K. Brown	Martinsburg	W. Va. Hes	13/75767	estion	Books

VS. A15ME(5) 5M 9/55

or removal.

BUREAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03368 CERTIFICATE OF DEATH

8 (13370)
Rea. Dist. No. 302

	PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryla		ved. If institution b. COUNTY	Residence bel		ion)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate	e limits, write RU	RAL and give n	earest town)
	Hagerstown ·	21 days	03 Hage	rstown				
	d. NAME OF HOSPITAL (If not in haspital, give stre	et address)	d. STREET ADDRESS				e. IS RES	DENCE FARM?
)	Martin Manor Convale	scent Home	1333 Glenw	rood Ave				NO 🔯
	3. NAME OF DECEASED (Type or print) WALTER	Middle HARVEY	CAISMER	4. DATE OF DEATH	March	22		reor 57
	S. SEX 6. COLOR OR RACE 7. M	RRIED NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years lost birthdoy)	IF UNDER 1 YEA		
	male white wind	WED DIVORCED	February 3,	1896	61 yrs.	Months Dows	Hours	Min.
1	Od. USUAL OCCUPATION (Give kind of work dane luding most of working life, even if retired) Sales Manager	b. KIND OF BUSINESS OR INDU	Chicago,			12. CITIZEN		COUNTRY?
	3. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME				
	William Calsmer			Mary	Hansen			
	S. WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17.	INFORMANT		Addre	188		
	(Yes, no. or unknown) (If yes, give war or dates of service)	321-03-5289 Fr	anklin H. Cal	smer H	agersto	m, Mary	rland	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise to immediate cause (o), stating the under- lying cause lost. PART II. OTHER SCHIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING CORPORTING CORPORTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH BUT SECRIBE HOW INJURY OF CURRI	1 /prouls	Mart	tus	Dis	PERFO	y vo
	20c. TIME OF INJURY Month, Day, Year 20d Hour a.m.	le Not while for		M, fram t	he causes ar	nd an the d	saw the	
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	each!	MD. HE	ADDRESS (Stree	t, cityor town, s	lote)		TE SIGNED
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY C			N (City, town, ar		(Stote)
-	Burial 3/26/1957	Elm Lawn Cen		Elmhu			nois	
	Suter-Rouzer Funeral Hom	e Hagerstown, N	id. Par REC'	D BY REGISTRAL	24b REGIST	RAR'S SIGNATI	JRE Dev	era/

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03367 **CERTIFICATE OF DEATH**

Reg. Dist. No. 302

	PLACE OF DEATH	ASHINGTON	MARYLAND	2. USUAL RESI	DENCE (Whe	ere deceased	l lived. If institution b. COUNTY	VASHIN	e befor	e odmissi N	on)
	b. CITY OR TOWN (I RURAL and give no HAGERS		c. LENGTH OF STAY IN 16	c. CITY OR		utside corpoi	rote limits, write R			rest town)
	OR INSTITUTION	AL (If not in hospital, give s	street address)	d. STREET A			BLVD.		1		DENCE FARM? NO
3.	NAME OF DECEASED	First	Middle	Los	it	4. DATE OF	Mon	th	Day	, Y	/ear
_	(Type or print)	SARAH	JANE	CEARFO	SS	DEATH	3		7		9 57
	FEMALE		MARRIED NEVER MARRIED DOWED DIVORCED	APRIL 2	H 1, 187		9. AGE (In years lost birthdoy) yrs.	Months	Doys Doys	Hours	R 24 HRS. Min.
10a	. USUAL OCCUPATION	ON (Give kind of work done king life, even if retired)	106. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPL	ACE (State of	or foreign co	untry)	12. CITI	ZEN OI	F WHAT	COUNTRY
		duties	home	WHIT	E HALL	, MD.		US	A		
13.	FATHER'S NAME			14. MOTHER'S	MAIDEN N	AME					
		SSAC NEEDY			THERIN	E GRI					
	WAS DECEASED EVE	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service		INFORMANT	a pp.m	MON	Addi		M		
_	no			RS. EDNA	C BKIN	TON	HAGERS'	LOWN,	LID.		
		TH [Enter only one couse TH WAS CAUSED BY:	per line for (a), (b), and (c).]	, .	1					RVAL BET	
	1000	IMMEDIATE CAUSE (o)	Hypertensive	arterio	scle	rotic	2		-	325	
	40.0	DUE TO	heart	disease,					un	kno	מווו
	Conditions, if o	m mediate (7,5000						- Curi		WIL
	cotse (o), stoting	the under-							13		
z	lying couse lost.	(c)	ONS CONTRIBUTING TO DEATH BE	IT NOT PELATED TO	THE TERMIN	IAI DISEASE	CONDITION CIV	ENI INI DADT	1/01/19) WAS A	LITOPEY
ATIO	1 011	TER STORT TEAT CONDITIO		or NOT KEDNED TO	, IIIC ICKMII	AVE DISEASE	. CONDITION GIV	EN IN TAKE	1(0)	PERFOR	RMEDA
DE L	200. ACCIDENT WA	AS UNDERLYING 206	none DESCRIBE HOW INJURY OCCUR	RED. (Enter noture o	of injury in Po	ort I or Part	II of item 1B.)			163 []	ио/Д
I CERT	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)									
MEDICA	20c. TIME OF INJUR Hour o. m. p. m.	10	20d. INJURY OCCURRED While Not while the work of work	PLACE OF INJURY (factory, street, office	Home, form, e bldg., etc.)	20f. (City	or town)	(C	ounty)		(Stote)
	21. I certify 始	at I atjended the de	ceased from Jeb 3,	. 19.5/	Ma	rch /	19.5/	,that I le	ast sa	w the	deceased
	alive on//	arch /	19.5/, and that deal	th occurred at	2:50	M, from	the causes a				
		A 1.6	00-10	,	~ · ·	DDRESS (SI	reet, city or town,	stote)		DA	TE SIGNED
	ACTUAL SIGNATURE	lutio og	obell Coter	-M.D	lear	Spru	ng, Md.			101	5/
	PHYSICIAN'S NAME (Type)	Archie Rob	ert Cohen, M.	0.							
220	BURIAL CREMATIO		BROADFORDI				OADFORDI			(State	•
_	FUNERAL DIRECTOR		ADDRESS		243 REC'D	BY REGIST	RAR 246 REGIS	TRAR'S SIG			
F	RED W. KR	AISS HAGERS	STOWN, MD.		Me	11.19.	Speaked	soft	00	see	eri

TO FUNERAL DIRECTO page 3 shauld by TO HOSPITAL OR

the registrar prior

	MARYLAND STATE DEPARTMENT OF I
DEATH	
N. Part of the Par	HACKBRYOUR
SE RANKE TOU BE VO.	
38	OWAZO BEAT RANK CONTRACTOR
0, 1e70	THE WHITE WOULD NAME OF
SELL, MA. J. M. J. M. J. M. J. M. J. M. S.	Die sien correction
STEELING SOLD IN	AS YEAR SAFET
C WINTON BARGASTON, NO.	AMEZ . CAME 1990W 1 1990 1 100 1 100 1
MAR 13 1957 MAR 13 1957	
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15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 302 Washing ton . IS RESIDENCE ON A FARM? YES NOTE Yeor Day 1957 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months Hours Min. 12. CITIZEN OF WHAT COUNTRY? USA St Washington INTERVAL BETWEEN PERFORMED? YES A NO T (County) (Stote) 195 Lithat I last saw the deceased

(Stote)

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Andrew E. Cor han dayerbroms weren



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0	noy be retained by the hospitol or ottending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Fyneral direc	ed	
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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03369 CERTIFICATE OF DEATH Reg. Dist. No. 302

	1. PLACE OF DEATH o. COUNTY Washing	ton		MAR	YLAND	2. USUAL RESI		era deceased	Wasnin	,	e before	admission)
t	b. CITY OR TOWN (IF	outside corporate limi	Is, write	c. LENGTH OF STAY	IN 1b			utside corpo	rote limits, write f		ive neore	st town)
	Hagers			16 Hrs		×2 Funkstown						
		AL (If not in hospitol, g	ive street	oddress)		d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
	Wash. Co	unty Hosp	oita.	1 13 E		13 Ea	st Greene S		St	St		YES NOW
Ī	3. NAME OF DECEASED	Fir	st	Middle	e	to	st	4. DATE	Moi	nth	Day	Year
	(Type or print)	LESTER	H.F	NORMAN		CONNE	R	DEATH	March	25]	1957	19
	5. SEX	6. COLOR OR RACE	7. MARR	IED T NEVER MARR	IED 🔲	8. DATE OF BIRT	Н		9. AGE (In years lost birthdoy)	-		UNDER 24 HRS.
	Male	White	WIDOWE			Feby .	5 188	32	75 yrs.		Doys I	Hours Min.
1	100. USUAL OCCUPATIO during most of work Contract	N (Give kind of working life, even if retired Or Heati)	done 10b.	Plumbing	OR INDU	Ceda:	~		ria Co nenando		ZEN OF	WHAT COUNTRY?
	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				
	Geerge	W. Conne	c			S	usan	M. WI	nitting	ton		
Ī	15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	O. 17. I	NFORMANT		1 197		lress		
2	No		2	20-16-38	38Mr	s Caro	line	M. Co	onner 1	3 E.	Gre	en St
1	18. CAUSE OF DEA	TH [Enter only one co	use per lin	ne for (o), (b), and (c))-]	Funks	town	Ma.				AND DEATH
	PART I. DEAT	IH WAS CAUSED BY: IMMEDIATE CAUSE (6))								ONSE	AND DEATH
	4.20.6	DUE TO	.01	7 9		PH	.11	/			-	7-
1	Conditions, if on		1	Colema -	rel	urtie	Her	w.	Tusen	2	1/	mo
1	gove rise to in coese (o), stoting t			10		. 00	· P	1.0			2	. 1
	lying couse lost.) (c)	Con	me	y ou		wn				w per
	PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	EATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASI	CONDITION GIV	VEN IN PART	1(0) 19.	WAS AUTOPSY PERFORMED?
3	<u> </u>										Y	ES NO
	O (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (OCCURRE	D. (Enter noture o	of injury in F	ort I or Port	II of item 18.)			
	20c. TIME OF INJURY Hour o. m.	Month, Doy, Ye	While	Not while	20e. PL fo	ACE OF INJURY office	(Home, form e bldg., etc.	, 20f. (City	or town)	(C	ounty)	(Stote)
		at I attended the		24	15	1956	10 /	Parel	21 20.5	7th ct 11		the deceased
	alive on 110	well me	710		· dogsh		71.56	- 7/2				stated above.
	unve on 12722	100	17	, and mo	dean	dccorred at	/ /		reel city or town		e dale	DATE SIGNED
	ACTUAL SIGNATURE	1. Mu	Qu	(h)		40	6	1111	Lan A	41	-5/	20/10
		10	h	W	11 13	m.u. ,		and fire	(-/	9	
	PHYSICIAN'S NAME (Type)	11.20	all	(1)		1/	fc,	who	2mm	4	1/2	1/52
1	220. BURIAL, CREMATION	N, 22b. DATE THEREC)F	22C NAME OF CEN	AETERY O	R CREMATORY	,	22d. LOCAT	ION (City, town,	or county)	7	(Stote)
	Burial	3-27-5	7	Rose H	ill	Cemere	rv	Hage:	rstoon	Wash	Co	Md.
	23. FUNERAL DIRECTOR'S			ADDRESS			1 0	BY REGIST	RAR 24b REGI	STRAR'S SIG	NATURE	1
	Andrew K	. Coffman	n Ha	gerstown	Md.		Mear	.29.19	3/6/11	44%	Toe	vers

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03371

03375 Reg. Dist. No. 302

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Washington MARYLAND	a. STATE Md. b. COUNTY Wash.								
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give necrest lown) Hagerstown 2 years	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Hagerstown								
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 151 W. Washington	d. STREET ADDRESS 151 W. Washington St. 6. IS RESIDENCE ON A FARM? YES NO								
	Dachtler OF March 30 Day Year 19 57								
	Aug. 3, 1914 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS. 10st birthday) 42 yrs. Months Days Hours Min.								
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1abor electrical work									
13. FATHER'S NAME Frederick Dachtler	14. MOTHER'S MAIDEN NAME Barabara Ferbert								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) YES WW KK 16. SOCIAL SECURITY NO. 17. IN 062-12-4047	Mabel Dachtler, Hagerstown, Md.								
Conditions, if ony, which gove rise to immediate couse	nary occlusion								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO THE NOTICE OF INJURY IN Part I or Port II of item 18.)								
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC focta	CE OF INJURY (Home, form, ary, street, office bldg., etc.) **None** **Tone** **Tone								
21. I certify that I taak charge of the remains described about death resulted from: Natural causes x, Accident , Suice	ve, held an Autopsy, Inspection kt., Inquiry, and find that cide, Homicide, Undetermined cause								
SIGNATURE S. Robert mello	ACTUAL SIGNATURE SIGNATURE SIGNATURE A.D. CHIEF MEDICAL EXAMINER DATE SIGNED								
EXAMINER'S NAME (Type) S. Robert Wells, M.D.	ASSISTANT MEDICAL EXAMINER April 1 57								
burial (REMATION, 1226. DATE THEREOF Arlington Na	tional Cem. Fort Myer, Va.								
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SCOtt F. Minnich & Son Hagerstown	24g. REGID BY REGISTRAR 24b REGISTRAR'S SIGNATURE								

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BUREAU V. S.

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		03	372	CERT	IFICA	ATE OF DEATH	1	Reg. Dist. No.	302
	COUNTY Wa	shington		MAR	YLAND	2. USUAL RESIDENCE (Who. STATE	ere deceased lived. If institu b. COUNT		
R	CITY OR TOWN (IF RURAL ond give ne agerstown			LENGTH OF STAY	(IN 1b	c. CITY OR TOWN (If o	own. Maryland		
d. I	NAME OF HOSPITA	AL (If not in hospital, g	ive street oddr	ess)		d. STREET ADDRESS			ON A FARM?
DEC	ME OF CEASED pe ar print)	NAPOLEON		Middle		Lost DASHNAW	4. DATE MCOF DEATH MARCH	onth Day	Year 19 57
5. SEX	Male	6. COLOR OR RACE White	7. MARRIED		-	B. DATE OF BIRTH March 3, 189	9. AGE (In year last birthday)	Manths Days	Haurs Min.
00.	luring mast of wark ling Fore	ng life, even if retired)	done 10b. KINI Airc:		or indus		rg, New York	12. CITIZEN OF	WHAT COUNT
		: Dashnaw					Spooner		
Yes, no	o. or unknown)	IN U. S. ARMED FOR f yes, give war or dates of se	ervice]	-09-7400		oformant 5. Anna J. Da	shnaw Hagerst	own, Maryl	and
18		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(mortige		INTE	RVAL BETWEEN
	446 X Conditions, if an		/	1 /stens	and	and Cort	Musclows.	s per	real ye
c 1	gave rise to in couse (a), stating t lying cause last.	mediote (4	replus	pcl	soon.		1	erbul gi
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TERMI	nal disease condition g	IVEN IN PART 1(a) 19	PERFORMED?
20	0a. ACCIDENT WAS PR CONTRIBUTING F EITHER, NOTIFY	UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	E HOW INJURY O	OCCURRED	D. (Enter nature of injury in I	Part 1 or Part 11 of item 18.)		
MEDICA	C. TIME OF INJURY Hour a. m. p. m.	Month, Day, Yeo	While at work	Nat while at work	20e. PL/ fac	CE OF INJURY (Hame, farm tary, street, affice bldg., etc.	, 20f. (City ar town)	(Caunty)	(State
21. I certify, that I attended the deceosed from. Feb. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19									
SI	CTUAL CHILLIPPE IGNATURE	y jungle	wow		/	M.D./JqW.Wood	ung ton St &	gustom k	d 3/2
PI	AME (Type)								

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be ached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 is the registrar priative burial, crematian, or remayal, and in any event within 72 haurs after death.

uneral director,

VS A15 (4) 15M 9/55

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BUREAU V. K.

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Coffman Hagerstown Md.

Reg. Dist. No. 02 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) e. IS RESIDENCE ON A FARM? YES NO NO Month Day Year 1957 19 March 31 IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years 82 yrs Months Days Haurs 12. CITIZEN OF WHAT COUNTRY? Md. Co USA Elizabeth Hause Address Downin 1390 Penna Ave INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (County) (State) Lithat I last saw the deceased 1:00 J.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) Buria Rest Haven Cemetery Hagerstown Wash 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24ba REGISTRAR'S SIGNATURE

01 VS A15 (4) 15M 9/5S

Andrew K. Col (see Beger town Md.

BUREAU K.

7261 & A9A

DECENTED

VS. A15ME(5) 5M 9/55

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MA	ARYLAND STATE DEPARTME	ENT OF HEALTH—BALTIMO	RE 18	0337
03374	MEDICAL EXAMINER'S	S CERTIFICATE OF DEAT	Reg. Dist. No	
TH		2. USUAL RESIDENCE (Where deceased lived. If	Institution: Residence bel	ore admission)

03378

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (W	/here deceased lived.	tf institution: Residen	ce before admission)			
Washington	MARYLAND	"Naryland	i Was	hington				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limi	ts, write RURAL and	give nearest town)			
Hagerstown	35 Yrs	03 Hagers	town					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	pital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE			
406 West Wilson Blvd		/ 406 Wes	t Wilson	Blvd	ON A FARM? YES NO			
3. NAME OF First	Middle	Last	4. DATE OF	Month	Day Year			
(Type or print) ROBERT	LEE	DOWNIN	DEATH MA		157 19			
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (1)	A STATE OF THE PARTY OF THE PAR				
Male White WIDOWED	DIVORCED [August 27	1877 79		ays Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign country)	12. CITIZ	EN OF WHAT COUNTRY			
during most of working life, even if retired) S11k Twister	Retired	Hagerston	wn Wash.	Co Ma	USA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME					
Charles McG. Downin		Mary E.	Hause					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	IFORMANT		Address				
(Yes, no. or unknown) (If yes, give war or dates of service)	4-09-6381 N	ora M. Down	nin Hager	stown Md				
18. CAUSE OF DEATH [Enter only one cause per line f		3.00			INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY:					ONSET AND DEATH			
IMMEDIATE CAUSE (o)	arterioscie	rotic hypert		cardial				
440 A DUE TO		heart dis	ease					
Conditions, if ony, which (b)								
(o), stating the underlying DUE TO								
couse lost. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NALDISEASE CONDITI	ON GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?			
LY CYLLING					YES NO Z			
PART II. OTHER SIGNIFICANT CONDITIONS CO	HOW INJURY OCCURRED. (E	nter nature of injury in Port	t or Port II of item 18	.)				
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	one							
	E-st-	E OF INJURY (Home, form	20f. (City or town)	(Coun	ty) (State)			
Hour o. m. none 19 While of wor	rk of work	ny, street, office bidg., etc.)		1				
21. I certify that I took charge of the r	emains described obay	ve. held on Autopsy	, Inspectio	n D. Inquiry	, ond find tha			
deoth resulted from: Notural causes	, /			ined couse .				
12/12 0 1	J, Ascidom [], Sok	.ide, Homicide	, Ondererm	med coose [].				
ACTUAL & Respect)	elle	CHIEF MEDICAL EX	AAUNIED 🗖		DATE SIGNED			
SIGNATURE	accor ()	_M.D.	_					
EXAMINER'S S. Robert	Wells, M.D.	DEPUTY MEDICAL E			3-1-57			
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City	, town, or county)	(State)			
Burial 3/4/57	Rose Hill C	emetery	Hagerstov	vn Wash.	Co Ma			
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS				VATURE TO			
Andrew K Coffman Hage:	rstown Md.	Mai	1.4.1957	shartte	goevers			

DECENED

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BUREAU V. S.

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)	cute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page	ž	0
The state of the s		forwarded to the hief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.	-

VS. A15ME(5) 5M 9/55

03375 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Dr Well 3379

	1. [PLACE OF DEATH	ington		MARYL		USUAL RESIDENCE		was Shirt			fore adm	ission)	
	ь	o. CITY OR TOWN (If and give neorest lown)	putside corporate limits, write	RURAL	c. LENGTH OF STAY IN	-	c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest tawn)							
			rstown		6 Hrs		X2 Cavetown							
	d	. NAME OF HOSPITA	L OR INSTITUTION (If not in hosp	pital, give street address)		d. STREET ADDRES	SS					ESIDENCE A FARM?	
1			ounty Hos	spita	1.		1						NO	
		NAME OF DECEASED	Fin	s†	Middle		Lost 4. DATE Month					Day Year		
		Type ar print)	HENRY	1	SETH		FUNK	DEATH	212018		19		9	
	5. S	EX 😕			D NEVER MARRIED	_	TE OF BIRTH		9. AGE (In years last birthday)	IF UNDER	Days	Hours	ER 24 HRS.	
		Male	White	WIDOWED			June 14	1888	68 yrs.	MOITHER	Days	ngurs	Min.	
1	10a	luring most at working	life, even if refired)	-	IND OF BUSINESS OR IN	IDUSTRY	- C	tate ar foreign	Wash. Co	•		F WHAT	COUNTRY?	
	13.	Post Master Cavetown			12			masir. O)	U	DA			
		John H. Funk 14. MOTHER'S MAIDEN NAME Ann V. Winters												
		WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INFO			Address					
1	(103	Yes	If yes, give war or dates of	-	0-34-0837	M.	Virgini	a. Funk	Caveto	m Ma	d.			
2	MEDICAL CERTIFICATION	PART I. DEATH Language rise to immedi (a), stoling the uncourse last. PART II. OTHE 20a. EXTERNAL CAUS PRIMARY ar CON CAUSE OF DEATH. 20c. TIME OF INJURY Hour a.m. p. m.	ote cause deriving DUE TO (c) ER SIGNIFICANT CONI LOW Spina LE WAS TRIBUTING D Month, Day, Yea None 19	DITIONS COIL 1 ane 8 b. DESCRIBE 1 20d. In While of wor	NTRIBUTING TO DEATH athesis HOW INJURY OCCURRED None None Not while of work emains described	BUT NOT die ED. (Enter PLACE (foctory,	RELATED TO THE TE d on oper nature of injury in OF INJURY (Home, I street, office bldg., none held an Auto	RMINALDISEA cating Part I ar Part I form, 20f. (Cite)	SE CONDITION GIV table	EN IN PAR	ONSE B	PERFO YES 2)	
2		ACTUAL SIGNATURE EXAMINER'S NAME (Type)	Rober	1)2	Accident [], eeeee	м	D. CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDICAL	L EXAMINER [ER 🗆 /	ause [_	j. 3-	DATE 5	SIGNED	
8	23.	BURIAL, CREMATION REMOVAL (Specify) Butial FUNERAL DIRECTOR'S	3/9/57 SIGNATURE Coffman		22c. NAME OF CEMETER Smithsburg ADDRESS stown Md.	-	matory metery	22d. LOC/	ATION (City, town, o	Wash	CNATUR	(State	id.	

HEATE SYMMET'S CEPTIFICATE OF DIATH

BUREAU V. K.

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DECENTED AND THE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8 (3380) Reg. Dist. No. 302 **CERTIFICATE OF DEATH** 03376

1. PLACE OF I			MARYL	AND	2. USUAL RESIDENCE (Who STATE Maryla		d lived. If institut b. COUNTY	on: Resider	nce befor	odmiss ton	ion)
RURALo	TOWN (If outside corporate limind give nearest town) CS TOWN	ts, write	c. LENGTH OF STAY IN 2 weeks	1 1b	c. CITY OR TOWN (If or				give nea	rest town)
d NAME C	of Hospital (If not in hospital, grantion County	HOS	oddress) spital		d. STREET ADDRESS / Sharpsb				ľ		IDENCE FARM2 NO.
3. NAME OF DECEASED (Type or pri	int) Mrs. Oly		Bender		Gigous	4. DATE OF DEATH	Ma:	rch	13	,	Yeor 1957
5. sex Femal	1.79	7. MARE	NEVER MARRIED DIVORCED		Sept. 7 18	94	9. AGE (In years last birthdoy) 62 yrs.	Months 6	1 YEAR	Hours	R 24 HRS Min.
Hous	CCUPATION (Give kind of work of state of working life, even if retired SEW11e	_	KIND OF BUSINESS OR IOME	INDUST	Sharpsbu	urg l			J.S.		COUNTRY?
13. FATHER'S N					14. MOTHER'S MAIDEN N		. 7				
TE WAS DECE	Charles B			122 454	Annie I	. De					7
(Yes, no. or unkno	wn (If yes, give war or dates of so	HYICE)	None		rs. James V	Wynko		psbu	urg	Md.	3511
Condition gove ricouse (o) lying co	IRT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Ons. if ony, which ise to immediate), stoting the under- use lost. (c)	Ӊур	oronary T		mbosis rterioscler	rotic	c.V. d	lisea		Mo'S' 5 Y:	
CATK	RT 11. OTHER SIGNIFICANT CON-	DITIONS C	ONTRIBUTING TO DEAT	H BUT N	NOT RELATED TO THE TERMIN	NAL DISEAS	SE CONDITION GIV	EN IN PAR	RT 1(o) 15	PERFO	AUTOPSY RMED? NO 🗗
	DENT WAS UNDERLYING TRIBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED.	(Enter noture of injury in P	ort I or Por	rt II of item 18.)				
	OF INJURY Month, Doy, Yeo r o. m. p. m. 19	While	NJURY OCCURRED 2 Not while t of work	0e. PLAC	CE OF INJURY (Home, form, pry, street, office bldg., etc.)	20f. (Cit	y or town)	(1	County)		(Stote)
21. I ce alive or actual signatus Physicial NAME (Ty	REWalter A	19	half.	12 leath	occurred at 12:1	ADDRESS (S	m the causes of treet, city or town.	and on t	last sa he dat 3/1	e state	TE SIGNED
	REMATION, 226. DATE THEREO	f 16-5	22c. NAME OF CEMET 7 Mt. Vie		crematory emetery		TION (City, town,			(State)
23. FUNERALT	DIRECTOR'S SIGNATURE	Vil	Werreport.	,1	La 24 REC'O			STRAR'S SIG		3 se	vero

CERTIFICATE OF DEATH BUREAU V. E. TOGI 61 NAM

VS A15 (4) 15M 9/S5 8,

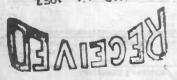
MARYLAND	STATE DEPARTMENT	OF HEALTH-BAL	TIMORE, 18
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CERTIFICATE OF DEATH

03381

	0227						Reg. Dist. No	. 302	
1. PLACE OF DEATH a. COUNTY Was	shington	MARYLAND	O STATE	Maryl	resident.	lived. If institution b. COUNTY	on: Residence bef)
	outside corporote limits, write rest town)	c. LENGTH OF STAY IN 18	c. CITY C	R TOWN (If a		ate limits, write R			
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, give street agton County Ho	address)	1 1	E. Was				e. IS RESIDE ON A FA YES N	RM?
3. NAME OF DECEASED (Type or print)	First GEORGE	MILTON	GRIMES	Last	4. DATE OF DEATH	Mon March	th D	ay Year	_
S. SEX Male	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED		RTH	1905	9. AGE (In years lost birthday) 52 yrs.	Months Days	F UNDER 2	
Liaision E	N (Give kind of work done 10b. ng life, even if retired) xpediter A	KIND OF BUSINESS OR INI ircraft Compa	ny Dov	msvill	e, Mar		12. CITIZEN	A.	DUNTRY
	e W. Grimes			r's maiden n Pe		Wolford			
	IN U. S. ARMED FORCES? 16. yes, give wor or dates of service)		Maryada	Mc She	rry Gr	imes Ha	gerstown	, Md.	
Conditions, if ony gove rise to im carse (o), stating the lying couse lost. PART II. OTHE Duoder 20a. ACCIDENT WAS OR CONTRIBUTING I	PUE TO y, which mediate a under DUE TO R SIGNIFICANT CONDITIONS UNDERLYING CALL 206. DES CAUSE OF DEATH		UT NOT RELATED	omy an	nd vas	atomy.	EN IN PART 1(0) 3-4-57	7 hou	TOPSY ED?
20c. TIME OF INJURY Hour o. m.	Month, Day, Year 20d. 1 While		PLACE OF INJUR factory, street, of			or tawn)	(County)	((Slote)
21. I certify that alive an Mar Actual SIGNATURE PHYSICIAN'S NAME (Type) W17	V. Jaymen	57-,-, and that dea	M.D. 100	Prof	M, fram ADDRESS (Sir		and on the do	ite stated o	abave
220. BURIAL, CREMATION REMOVAL (Specify) Burial	2/9/1957	22c. NAME OF CEMETERY Rest Haven		v	Hage	rstown.	Maryl and	(State)	
23. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS			D BY REGISTE	PAR 24b. REGIS	TRAR'S SIGNATU	RE .	21.4

On the state year			
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	Cycle Second Bridge .		
1961 F.T AVW			



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MARYLAND	STATE DEPARTM	NENT OF HEALTH	I-BALTIMORE, 18	0.0000
03378	CERTIFIC	ATE OF DEATH	Reg. 1	03382 Dist. No. 362
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE W. Va	ere deceased lived. If institution: Resid	dence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Hagerstown Nd.	c. LENGTH OF STAY IN 16 1 Hour		waters W. Va. I	
d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION Washington County Ho		d. STREET ADDRESS	W. Va.85 X-3	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF First DECEASED (Type or print) Clara	Myrtle	Grove	4. DATE Month OF DEATH March	Day Year 6 19 5 7
5. SEX 6. COLOR OR RACE 7. MARK		B. DATE OF BIRTH March 16 1	9. AGE (In years lif UND lost, birthday) Months 76 yrs.	ER TYEAR IF UNDER 24 HRS.
	KIND OF BUSINESS OR INDU Home	Marlowe	W. Va	CITIZEN OF WHAT COUNTRY
Samuel Landis		14. MOTHER'S MAIDEN N	Kershner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		r. Charles	Grove Falling V	Waters RFD #
PART I. DEATH (Enter only one cause per lip PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stoting the under. DUE TO DUE TO	ne for (a). (b). and (c).]	Heram!	Basiv	INTERVAL BETWEEN ONSEY AND DEATH
Iying cause last. (c)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED?
	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in P	'art I ar Part II of item 18.)	
Hour a.m. While	NJURY OCCURRED 20e. Pl	ACE OF INJURY (Home, form, actory, street, affice bldg., etc.)	20f. (Gity or town)	(County) (State)
21. I certify that Lettended the deceas alive an 19 ACTUAL SIGNATURE PHYSICIAN'S Ralph F. Young NAME (Type)	Joling	/ 4/1		I last saw the deceased the date stated above DATE SIGNED
220. BURIAL, CREMATION. 22 DATE THEREOF BURIAL (Specify) March 8-57	name of cemetery of Harmony Ce		22d. LOCATION (City, town, or county Near Marlowe W	Va. (Stote)
23. FORETAL DIRECTOR'S SIGNATURE 2021	Ciantagent j	250 REC'D	D BY REGISTRAR 246 BEGISTRAR'S S	Boevers

CERTIFICATE OF DEATH

BUREAU K. E.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BOTT BUREAU N. T.	57	3-17		VIII 1 12
37- 12961 03 BVILL - 234 78 3				- TO BY CHI.
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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the high Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DI? DR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar prior remaign, riot, cremation,

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02200 MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

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	(0)	000 111	TOAL	- ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	LIC J	GERTII 16.		DEATH	Reg. Dis	it, No.	3	020
1.	PLACE OF DEATH					2. USUAL RESIDENCE	E (Where dece	ased lived. If Inst	itution: Resider	ice befor	re admir	uion)
	WASHING	STON		MARI	/LAND	a. STATE MAR	VLAND	b. COUN	WASH	ING	TON	
1		autside corporate limits, write RL	JRAL C.	LENGTH OF STAY	IN 1b			rporote limits, wri				rn)
	HAGER			4 DAYS		XI	RURAL					
(I. NAME OF HOSPITA	AL OR INSTITUTION (If n	ot in hospital	l, give street bddre	15)	d. STREET ADDRES					e. IS RE	SIDENCE A FARM?
	WASHINGT	ON COUNTY	He	SPITAL		BROW	MSVILL	.1=				NO 🗌
3.	NAME OF DECEASED	First (Middle		Lost	4. DATE	Moi	nth	Day	Y	or
	(Type or print)	CLOHN -	T	ILMAN	-	HAHN	DEATH	MARC	H. 1	1 -	19	957
5. :	EX	6. COLOR OR RACE 7.	MARRIED T	NEVER MARRIE	D 🔲 8.	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1			R 24 HRS.
	MALE	WHITE W	VIDOWED [DIVORCED	00	CTOBER -10	-1885	71-5-1 yn		Days	Hours	Min.
10a	. USUAL OCCUPATION	ON (Give kind of work dong life, even if retired)	10b. KIND	OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (S	tote or foreign	country)	12. CITIZ	EN OF	WHAT (COUNTRY
	RETIRED	EMPLOYEE	OF B	3.40.13.12	1Co	BROWNSVIL	LE W	ASH, GOI	VID L	1. S. F	4	
13.	FATHER'S NAME					14. MOTHER'S MAIDE						
	CELOT	CLE WASH	INICTOI	N HAH	-N	410	DV H	NIN S	MITH			
		ER IN U. S. ARMED FORCE	ES? 16. SOC	IAL SECURITY NO.	17. IN	FORMANT		Addre				
	No.		213	-18-9386	MI	RS. BERTH	4 M. H	AHN F	BRONNIS	VILL	E	MD.
	18. CAUSE OF DEAT	THE [Enter only one cause	per line for ((o), (b), and (c).]						INTERVA	AL BETWEE	EN TH
	PART I. DEAT	H WAS CAUSED BY:								0.1321	THE SEA	
	610 X	DUE TO	,	acut	e co	ronary art	ery th:	rombosis				
	Conditions, if a	ny, which) (b)	(whi	le under	anes	thesia on	operat:	ing table	e)	1		
	gave rise to immed (a), stoting the u	liate cause			Whi							
	cause lost.	(c)								U		
NO	PART II, OTH	IER SIGNIFICANT CONDIT	IONS CONTR	RIBUTING TO DEAT	H BUT NO	OT RELATED TO THE TE	RMINAL DISEA	SE CONDITION G	IVEN IN PART	1(a) 19.	WAS A	UTOPSY
CATI	Benign	prostatic b	nypert	rophy wit	thh	bleeding				YE	S 🔼	NO 🗌
CERTIFICATION	20g. EXTERNAL CAU PRIMARY ☐ or CON CAUSE OF DEATH.	ISE WAS 20b.	DESCRIBE HO	OW INJURY OCCU	RRED. (En	ter nature of injury in	Port I or Part	II of item 18.)		1		
	CAUSE OF DEATH.	TAIL SOUTH OF LA	None	е								
MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yeor			Oe. PLAC	E OF INJURY (Home, I	form, 20f. (Ci	ty or town)	(Cour	nty)		(State)
MED	Hour a.m. p.m.	non ₉	of work	Not while	TOCTO	y, street, office bldg., none	eic./	-		-		-
H	21. I certify th	at I taok charge a	f the rem	gins describe	d abav	e, held an Auta	psy X,	Inspection 🗵	, Inquiry	/ П.	and f	ind that
	death resulted	from: Natural ca	uses 🖳	Accident	, Suic	ide T. Hamic	ide T. L	Indetermined	cause \square .			
	0	0001)	=10								
Н	ACTUAL	19 teer	Mes	ella		M.D. CHIEF MEDICA	L EXAMINER				DATE SI	GNED
		0 0 .				ASSISTANT ME	DICAL EXAMIN	IER 🗌		7	7 7 0	-7
	EXAMINER'S NAME (Type)	S. Rober	t Well	Ls, M.D.		DEPUTY MEDIC	AL EXAMINER			2-	13-5	21
220	BURIAL CREMATIO	N, 22b. DATE THEREOF	22c	. NAME OF CEMET	ERY OR C	REMATORY	22d. LOC	ATION (City, town	, or county)		(Stote)
	REMOVAL (Specify)	MARCH 14.1	957 CF	TURCH OF	THE	BRETHREN	CEME	TERV F	BROUNIS	1/11/	E 1	ND.
23.	FUNERAL DIRECTOR			ADDRESS			EC'D BY REGIS		SISTRAR'S SIGI	NATURE		1/
1	BAST TUN	ERAL HOME	= 130	DONSBORO	M	D. SASS	er. 18.1	957 6Fee	ESHI	Too	يعو	sw/

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS. A15ME(5) 5M 9/55

03381 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(13380

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY O. STATE b. COUNTY NASHINGTON MARYLAND WASHINGTON b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) HAGEICS TOVV IV d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO HOSPITAL 0. NAME OF First Middle 4. DATE Last Month Day Year DECEASED (Type or print) DEATH 19 5 ARCH 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS lost birthday) Months WIDOWED | DIVORCED | KTEMALIF 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? HOME - OUSE WIFE NNSYLVANIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addensa INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: Fracture 1t. femur closed davs IMMEDIATE CAUSE (o) DUE TO Pulmonary artery Thrombosis Conditions, if ony, which gove rise to immediate couse DUE TO (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Asthma NO Z 20b. DESCRIBE HOW INJURY OCCURRED, (Enler noture of injury in Port I or Port II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. Slapped on floor at home 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, Month, Day, Year 20c. TIME OF INJURY 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Not while While Md 11 19 57 of work of work & Rural- Fairplay Wash at home 21. I certify that I toak charge of the remains described above, held an Autapsy Inspection 7, Inquiry , and find that Accident X. death resulted from: Natural causes | Suicide . Homicide Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S S. Robert Wells. M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) EMETERV AMOR ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

THEERU V. Z.

2961 98 NVV

BECEINED

death.

Wishington Co. Hongittal. 7201 8 **NAM**

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03423

CERTIFICATE OF DEATH

03388 Reg. Dist. No.

b. CITY OF TOWN											
RUBLAL COCK PROPERLY (I'm or in hospital, give invest oddersi) O' NOSTITAL (I'm or in hospital, give invest oddersi) O' NOSTITAL (I'm or in hospital, give invest oddersi) O' NOSTITAL (I'm or in hospital, give invest oddersi) O' NOSTITAL (I'm or in hospital, give invest oddersi) O' NOSTITAL (I'm or in hospital, give invest oddersi) O' NOSTITAL (I'm or in hospital, give invest oddersi) O' NOSTITAL (I'm or in hospital, give invest oddersi) O' NOSTITAL (I'm or in hospital, give invest oddersi) O' NOSTITAL (I'm or in hospital, give invest oddersi) O' NOSTITAL (I'm or in hospital, give invest oddersi) O' NOSTITAL (I'm or in hospital, give invest oddersi) O' NOSTITAL (I'm or in hospital, give invest oddersi) O' NOSTITAL (I'm or in hospital, give invest oddersi) O' NOSTITAL (I'm or in hospital, give invest oddersi) O' NOSTITAL (I'm or in hospital, give invest oddersi) O' NOSTITAL (I'm or in hospital, give invest oddersi) O' NOSTITAL (I'm or in hospital, give invest oddersi) O' NOSTITAL (I'm or in hospital, give investigation of the investigation of the investigation oddersi) O' NOSTITAL (I'm or in hospital, give investigation oddersi) O' NOSTITAL (I'm or in hospital, give investigation oddersi) O' NOSTITAL (I'm or in hospital, give investigation oddersi) O' NOSTITAL (I'm or in hospital, give investigation oddersi) O' NOSTITAL (I'm or in hospital, give investigation oddersi) O' NOSTITAL (I'm or in hospital, give investigation oddersi) O' NOSTITAL (I'm or in hospital, give investigation oddersi) O' NOSTITAL (I'm or in hospital, give investigation oddersi) O' NOSTITAL (I'm or in hospital, give investigation oddersi) O' NOSTITAL (I'm or in hospital, give investigation oddersi) O' NOSTITAL (I'm or in hospital, give investigation oddersi) O' NOSTITAL (I'm or in hospital, give investigation oddersi) O' NOSTITAL (I'm or in hospital, give investigation oddersi) O' NOSTITAL (I'm or in hospital, give investigation oddersi) O' NOSTITAL (I'm or in hospital, give investigation oddersi) O' NOSTITAL (1. PLACE OF DEATH	ashington	122	MARYL	AND	o. STATE					
MOUNTAIN LOCK O NAME OF NOSPITAL IT THE INESPITAL OF BUT IN ESTIMATED TO THE STREET ADDRESS OF INSTITUTION Residence First CLEVENTINE CLEVENTINE CLEVENTINE HOLBRUNER 1. DATE HOLBRUNER O LOCAL OR RACE FORMAL CLEVENTINE HOLBRUNER 1. DATE HOLBRUNER 1. DATE Month 1. Day Year 1957 SEX 1. COLOR OR RACE THOUSE VIEW White Widowed D DIVORCED D DIVORCED DIVORCED DATE OUT OF BUTH OUT ADATE AUG. 11, 1915 OUT OF BUTH OUT ADATE AUG. 11, 1915 OUT ON HOME I. MOTHETS MADEN NAME HATTY WILLIAM HATTY WILLIAM OUT ATAL LOCK, Md. I. MOTHETS MADEN NAME HATTY WILLIAM I. MOTHETS MADEN NAME I. M	b. CITY OR TOWN (If outside corporate limi	ts, write	c. LENGTH OF STAY IN	N 1b	c. CITY OR TOWN (IF	outside corpo	prote limits, write l	RURAL ond	give nearest	t town)
NAME OF DETAILS NAME OF DE				41 yrs		<2 Mountain	Lock				
NAME OF DEATH CILARA CIL	d. NAME OF HOSPI OR INSTITUTION	_		oddress)		/	erry	Road			ON A FARM?
CLEVENTINE HOLBRUNER OF THE MARKED DEATH MARCH 11 1957 SEX 6. COLOR OF RACE 7. MARRED NEVER MARRIED DEATH OF BURNEY DEATH MARCH 19. AGE (In year In UNDER I VEAR IF UNDER 72 MEX. Months) Day Mours Min. Female White Widoweld Divorced Aug 11, 1915 GO. USUAL OCCUPATION I Give kind of work done 106. KIND OF BUSINESS OF INDUSTRY 11. BIRTHPLACE (Stote or foreign country) (during most of working life, even if refired) HOUSE WITE OWN HOME 106. KIND OF BUSINESS OF INDUSTRY 11. BIRTHPLACE (Stote or foreign country) OWN HOME MOUNTAIN LOCK, Md. USA 12. CITIZEN OF WHAT COUNTRY WAS DECASSED VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ROD 1 t. D. HOLD PUTTER S. WAS DECASSED VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ROD 1 t. D. HOLD PUTTER S. WAS DECASSED VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ROD 1 t. D. HOLD PUTTER S. WAS DECASSED VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ROD 1 t. D. HOLD PUTTER S. WAS DECASSED VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ROD 1 t. D. HOLD PUTTER S. WAS DECASSED VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ROD 1 t. D. HOLD PUTTER S. WAS DECASSED VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ROD 1 t. D. HOLD PUTTER S. WAS DECASSED VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ROD 1 t. D. HOLD PUTTER S. WAS DECASSED VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ROD 1 t. D. HOLD PUTTER S. WAS DECASSED VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ROD 1 t. D. HOLD PUTTER S. WAS DECASSED VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ROD 1 t. D. HOLD PUTTER S. WAS DECASSED VERY IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ROD 1 t. D. HOLD PUTTER S. WAS DECASSED VERY IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ROD 1 t. D. HOLD PUTTER S. WAS DECASSED VERY IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ROD 1 t. D	3. NAME OF	Fir	st	Middle			4. DATE		nth		
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In year) If UNDER 1 VIDAGE VIDAGE DIVORCED DIVORCED Aug. 11, 1915 VIDAGE VIDA		CT.ARA		CLEVENTIN	IE	HOLBRUNER	DEATH	March	11		1957
DOUBLE WINTER WILLIAM OF WINTER AND EATH PROPERTY OF WHAT COUNTRY WILLIAM OF WORK OF WORK OF WHAT COUNTRY WILLIAM OF WORK OF W	5. SEX	6. COLOR OR RACE	7. MAR	NEVER MARRIED	В	DATE OF BIRTH		9. AGE (In years	IF UNDER		UNDER 24 HRS.
DOLUSIAL OCCUPATION (Give kind of work done during life, even if retired) OWN HOME NONTAIN LOCK, Md. 12. CHIZEN OF WHAT COUNTE WORLD AND COUNTY HOME NONTAIN LOCK, Md. 12. CHIZEN OF WHAT COUNTE WORLD AND COUNTY HOME NONTAIN LOCK, Md. 12. CHIZEN OF WHAT COUNTE WORLD AND COUNTY HOME NONTHING MANUEL NAME HATTY WIlliam Otzelberger S. WAS DECASED EVER IN U. S. ARMED FORCES? 10. SOCIAL SECURITY NO. 17. INFORMANT ROb! t. D. Holbruffer 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) 1000000000000000000000000000000000000	Female	White	WIDOW	ED DIVORCED		lug.11, 191	15			Days H	ours Min.
Harry William Otzelberger 5. WAS DECASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ROD! t. D. Holbrutter 18. CAUSE OF DEATH (Enter only one couse per line for (o), (S) F032(c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (S) F032(c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (S) F032(c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (S) F032(c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (S) F032(c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (S) F032(c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (S) F032(c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (S) F032(c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (S) F032(c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (S) F032(c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (S) F032(c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (S) F032(c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (S) F032(c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (S) F032(c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (S) F032(c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (S) F032(c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (S) F032(c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (S) F032(c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (S) F032(c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (S) F032(c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (S) F032(c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (S) F032(c). 18. CAUSE OF DEATH (Enter only one couse per line for (o), (S) F032(c). 19. CAUSE OF DEATH (Enter only one couse per line for (o), (S) F032(c). 19. CAUSE OF DEATH (Enter only one couse per line for (o), (S) F032(c). 19. CAUSE OF DEATH (Enter only one couse per line for (o), (S) F032(c). 19. CAUSE OF DEA	Housewi	king life, even if retired	done 10b.		INDUST				12. CI		VHAT COUNTRY?
5. WAS DECRASEDEVER IN U. S. ARMED FORCES? NO NOTE: NO N	13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME			100	
NO None 214-09-5788FD # 1, Harpers Ferry, West Va. 18. CAUSE OF DEATH Enter only one couse per line for (a), (b) 6782(c).] PART I. DEATH WAS CAUSED BY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMACED YES NO			zelt	erger		Ellie Ma	rgare	t Drenn	ner		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) mig(c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO Conditions, if only, which gove rise to immediate cause (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF	15. WAS DECEASED EVE		CES? 16.			FORMANTRob t.	D. H	lolbrum	Kohe		
PART I. DEATH WAS CAUSED BY. DUE TO Conditions, if ony, which gove rise to immediate couse (o), Isoling the under Jung couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES DUE TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20a. ACCIDENT WAS UNDERLYING DOUBLE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work Double How on 11. 19. In work Double How on 12. In certain that I atjended the deceased fram Automatical Country of Injury in Part I (o) Injury (Country) (State) 21. I certify, that I atjended the deceased fram Automatical Country of Injury (Injury Injury			2		RFD	# 1, Harp	ers F	erry. V	West	Va.	
20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year Hour o. ft. 19 While of work of work. 21. I certify, that I attended the deceased fram alive on 19 , and that death occurred at 19 , and that I last saw the decease at 19 , and that I last saw the decease at 19 , and that I last saw the decease at 19 , and that I last saw the decease at 19 , and that I last saw the decease at 19 , and that I last saw the decease at 19 , and that I last saw the decease at 19 , and that I last saw the decease at 19 , and that I last saw the decease at 19 , and that I last saw the decease at 19 , and that I las	Conditions, if a gove rise to i couse (o), stoting lying couse lost.	ony, which the under-)	, 90	ar	A yarm	<i>v</i>				morell
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of twork of two twork of two twork of two twork of two	PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH BUT N	IOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PAR	P	PERFORMED?
21. I certify, that I attended the deceased fram IIII , 1957, to Walker , 1957, that I last saw the decease alive on IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter noture of injury in	Port I or Por	t II of item 18.)			
alive on Mary and that death occurred of NOSAM, from the causes and an the date stated above ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 20. BURIAL CREMATION, REMOVAL (Specify) REMOVAL (Specify) BUT 13 ADDRESS 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) BUT 13 ADDRESS PADRESS ADDRESS 22d. LOCATION (City, town, or county) State) Maryland ADDRESS PADRESS ADDRESS ADDRESS PATROPES PARTICIPATION ADDRESS PATROPES ADDRESS ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	Hour o. n.		While	Not while	20e. PLA	CE OF INJURY (Home, farm ory, street, office bldg., etc	n, 20f. (City	or town)	(County)	(State)
Burial 3/13/57 Mountain View Cemetery Sharpesburg, Maryland 3. FUNERAL DIRECTOR'S SIGNATURE Harpers Formy 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	GUNG. Wil.	12 de Va	and that of	M	occurred of Noci	ADDRESS (S	n the causes of treet, citylor town,	and an t stote)		
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	REMOYAL (Specify	ON, 226. DATE THEREO	F 7				1 63			M	
darpers Fenny		S SIGNATURE	1	ADDRESS		24- 856					Land
	T. Alma	04/2 6	le	Harpers	Fer	Py DATE REC	D BT KEGIST	Z4D. KEGI		V	nearly as

7261 81 AAN

CERTIFICATE OF DEATH

KARVIAND STATE DEED

03389	(15	3	8	y	
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Reg. Dist. No. 307)

o. CouWashingt	on	MARYLAND	2. USUAL RESIDENCE (W	Vhere deceased li and		Residence before Washin	
b. CITY OR TOWN (If outside RURAL and give rearest to Hagerstown	e corporate limits, write	c. LENGTH OF STAY IN 18		outside corporat		AL and give near	est fown)
d. NAME OF HOSPITAL (IF IN Jackson Nur	ot in hospitol, give street sing Home	oddress)	d. STREET ADDRESS 704 Oa.1	k Hill	Ave.	е.	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	first ecelia	Middle Ann	Horst	4. DATE OF DEATH	March	Day 23	Year 19 57
		RIED NEVER MARRIED	B. DATE OF BIRTH	9.	last birthdoy) M		F UNDER 24 HRS.
	hite WIDOW		Jan. 11, 18	371	80 yrs.		
10a. USUAL OCCUPATION (Give during most of working life, House Wif	, even it retired)	WIND OF BUSINESS OR INC	Roxbury	-	itry)	12. CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			,
William	Miller	1100	Lydi	la Fr	ahklin		
15. WAS DECEASED EVER IN U.			INFORMANT		Address	rstown	Md.
Conditions, if any, whi gave rise to immedia cause (a), stoting the und lying cause last. PART II. OTHER SIGN	ote DUE TO (c)	CONTRIBUTING TO DEATH B	ANULUS UT NOT RELATED TO THE TERM	MINAL DISEASE C	ONDITION GIVEN		. WAS AUTOPSY PERFORMED? YES NO T
PART II. OTHER SIGN 200. ACCIDENT WAS UNDIT OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	USE OF DEATH	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I or Part II	of item 18.)		
20c. TIME OF INJURY Mon Hour a. ft. p. m.	While	NJURY OCCURRED 20e. Not while ot work	PLACE OF INJURY (Home, for foctory, street, office bldg., et	rm. 20f. (City or	town)	(County)	(State)
21. I certify that I a alive on Masco	Hended the decease 23, 19-1	344	1951, to 1. th occurred at 8:10,	A_M, from	the causes and the city or town, state town	on the date	
22a. BURIAL, CREMATION, 22b REMOVAL (Specify) 3	DATE THEREOF	Rest Have	or CREMATORY n Cemetery	Ha s	N (City, town, or co	Md.	(State)
23. FUNERAL DIRECTOR'S SIGNA Scott F. Mi	nnich & Se	ADDRESS on Hagerst		D BY REGISTRA		R'S SIGNATURE	wes

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page Atter this certificate has been signed by the attending physician and campletely filled in by the acted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 strongly cremation, ar removal, and in any event within 72 haurs after death. TO FUNERAL DIRECT.
poge 3 should b TO HOSPITAL OR

funeral director,

VS A15 (4) 15M 9/55

TZ TS AAM SECEIVA .

NAME AND RESTRICTION OF THE PARTY OF THE PAR

VS A1S (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CEDTIEICATE OF DEATH

03390

		CERTIFIC	AIE OF DEAT	2508 AFT	Reg.	Dist. No.	305
1. PLACE OF DEATH o. COUNTY WASHINGTO	٧	MARYLAND	2. USUAL RESIDENCE (* o. STATE VIAIR VI		d. If institution, Residue. b. COUNTY		dmission)
b. CITY OR TOWN (If outside corpo RURAL and give nearest town)	rote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate l	limits, write RURAL on	d give nearest	town)
1300NS130KO		6 MONTHS	x2	RURAL			
d. NAME OF HOSPITAL (If not in he OR INSTITUTION	spital, give street	oddress)	d. STREET ADDRESS			e. IS	S RESIDENCE
REEDER	IYURSIN	C- HOME	1 BOONSB	0120 MI	D. R. Z.		ES NO D
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Month	Day	Year
(Type or print)	ERINE	M.	HUGHES	DEATH	MARCH-	4-	19 57
S. SEX 6. COLOR O	R RACE 7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	9. A0	GE (In years IF UND Month	DER 1 YEAR IF U	UNDER 24 HRS.
TEMALE WHI	TE WIDOWE	7	MARCH. 6. 1		-11-28		
10o. USUAL OCCUPATION (Give kind of during most of working life, even i	of work done 10b. f retired)	KIND OF BUSINESS OR INDE	JSTRY 11. BIRTHPLACE (Sto	te or foreign country	12. (CITIZEN OF W	VHAT COUNTR'
HOUSE WIFE	101	WN HOME	SECURITY	WASH.	CO.MD.	4151	A .
13. FATHER'S NAME			14. MOTHER'S MAIDEN	4 NAME			
DANIEL	WOL	F	MAK	GRETTE	= LIC	KTY	
15. WAS DECEASED EVER IN U. S. ARM (Yes, no, or unknown) (If yes, give wor or		SOCIAL SECURITY NO. 17.	INFORMANT		Address	10	
No		NONE IT	AUL E. HU	CHES	HAGERS	STOWIY	MD. R.
18. CAUSE OF DEATH [Enter onl		ne for (0), (b), and (c),	0 -			INTERVA ONSET	AL BETWEEN
PART I. DEATH WAS CAUS	AUSE (o)	rurros	elevis				
450.0	DUE TO						
Conditions, if ony, which gove rise to immediate	(b)						
cotse (o), stoting the under-	DUE TO					11	
lying couse lost.	(c)						
CATIC	NT CONDITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE COM	NDITION GIVEN IN P	PI	ERFORMED?
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH AINER) 20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury i	in Port 1 or Port II of	item 18.)		
20c. TIME OF INJURY Month, D Hour o. m. p. m.	oy, Year 20d. It While of worl	Not while fe	LACE OF INJURY (Home, for octory, street, office bldg.,	arm, 20f. (City or to	own)	(County)	(Stote)
21. I certify that I attend	2/ 1		19 56 16/				the decease
alive and	190	and that deat	h accurred at //1		e causes and an city or town, state)	the date s	
ACTUAL SIGNATURE	Lel	lan	M.O. 1300	nslow	O		3/6/5
PHYSICIAN'S A. W	hevo	in					6
22a. BURIAL, CREMATION, 22b. DATE	THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	(City, town, or county	y)	(Stote)
BORIAL MAKE	48.1957	TAHRNEUS (EMETERY !	VEAR MA	PLEVILLE	WASH	1 COMU
23. FUNERAL DIRECTOR'S SIGNATURE	1,	ADDRESS	1.2	C'D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE	V
1) ACT LUNERA	HAARE	BOANIS BAR.	AAA O CONT	MAN 0 100	77 - 101/2	W.10	MAN

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BUREAU V. E.

BUREAU V. S.

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03392

	Reg. Dist. No. 302
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Washington MARYLAND	o.stallaryland Washhington
b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
and give necreal fown) Hagerstown	Hagerstown
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	1400 Oak Hill Ave
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) JOHN FREDERICK	JENKINS DEATH March 25,1957 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE IIn years IF UNDER 14 ARS.
Male White WIDOWED DIVORCED	July 14 1872 84 yrs. Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Desk Clerk Dagnar Hotel	Morris Run Tioga Co Pa USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas E Jenkins	Ann Davis
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
37	rs Ruth Yeater 1400 Oak Hill Ave
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	Hagerstown Md. Interval Between
BART I DEATH WAS CAUSED BY	ONSET AND DEATH
1. (2. 2.)	alized vascular srteriosclerosis
DUE TO Acute coro	nsry occlusion
Canditions, if ony, which are rise to immediate cause (b)	
(o), stoting the underlying DUE TO	
couse last. (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BUT CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (None	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO [X]
20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in Part I or Part II of item 18.)
Hour a. m. P. m. None 19 Not while of work	ACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State)
Hour a.m. None 19 While Not while too	tory, street, office bldg., etc.)
21. I certify that I took charge of the remains described about	ove, held on Autopsy , Inspection X, Inquiry , and find that
dealif resolved from: Notice couses [24, Accident [1, 30	icide [], Homicide [], Undetermined couse [].
ACTUAL X / L. T mools	DATE SIGNED
SIGNATURE OCCUP TOURLE V	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S S. Robert Wells, M.D.	ASSISTANT MEDICAL EXAMINER Mar. 27 57 DEPUTY MEDICAL EXAMINER 2
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (Stole)
Burial 3/29/57 Rest Haven	Cemetery Hagerstown Wash, Co Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE
Andrew K. Coffman Hagerstown Md.	Her. 29.1957 Hart Rowers
The state of the s	

VS. A15ME(5) 5M 9/55

BUREAU V. E.

APR I 1957

The base of the Secretary of the second second second second

BECEINED

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMOR	
	03425 CERTIFICATE OF DEATH	Reg. Dist. No301
M	1. PLACE OF DEATH o. COUNTY Washington MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If o. STATE Maryland Wash	
IM	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport R#8 50 Yrs C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport R#8	write RURAL and give nearest town)
00	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OF INSTITUTION	e. IS RESIDENCE ON A FARM? YES A NO
	3. NAME OF First Middle Lost 4. DATE DECEASED	Month Day Year
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In lost brown by the lost brown by t	n years IF UNDER 1 YEAR IF UNDER 24 HRS. Hdoy) Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Farmer Retired Wilsons Wash. Co	Md USA
	13. FATHER'S NAME Richard Johnson 14. MOTHER'S MAIDEN NAME Sarah Dittlow	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT N	7 Dual Highway
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Ortero Pelewer Season	N DI INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate couse (a), stating the under-lying couse last. DUE TO (b) DUE TO (c)	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF THE PRINCIPLE OF CURRENT OF THE PRINCIPLE OF T	ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
0	200. ACCIDENT WAS UNDERLYING COOK CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE.HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item	
	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While Not while at work at work at work 19 20d. INJURY OCCURRED Year 19 20d. INJURY (Home, form, 20f. (City or soyn) factory, street, office bldg., etc.)	Ohperion of (Stole)
מתומו, מ	21. I certify that I attended the deceased from March 26, 1957, to parcels alive an Dant Se, 1957, and that death accurred at 4°P. M, from the co	1957 that I last saw the deceased
5	ACTUAL SIGNATURE Sedrey hovester M.D. Dukstery	r town, stote) DATE SIGNET 3-27-5
listrar pr	PHYSICIAN'S SIDNEY MOVEN STEIN	
rne registror	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Burial 3/28/57 St Pauls Cemetery near Clear St	cring Wash Co Md
S	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Andrew K. Coffman Hagerstown Md.	b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICAVE OF DEATH

Audrew K. Corress Ragaratogn Pd.

BUREAU V. &

7261 8S AAM

BECEINED

0333 CERTIFICATE OF DEATH Reg. Dist. No. 0 75 TOV PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY filed b. COUNTY MARYLAND SHINGTON MARIZULAND 1 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 90 3 0 3 RURAL and give nearest town) 4 WEEKS HICERSVILLE WEIRSTO WYN d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE YES X NO OR INSTITUTION 200 5 HOSDITAL puo d 3. NAME OF Middle 4. DATE Lost Month Day Yeor DECEASED 0 DEATH 195 (Type or print) Pages 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX Days Months Hours DIVORCED T WIDOWED N EMALE papers. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) WASH, GO. MP. HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME offer physici 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address OHRERSVILLE 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which permit gave rise to immediate DUE TO coese (o), stating the underpuo lying couse lost PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? SEnilit YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING certificate OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour a. m. While Not while 19 at work of work p. m. 19 to 3 - 6 19 That I last saw the deceased 21. I certify that I attended the deceased from. alive on ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL DIREC ó should PHYSICIAN'S FUNERAL the registrar NAME (Type) 3 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 220-BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (Stote) page REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE **ADDRESS** VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

State Section in the Property of the Section of Page 1995

Merry Charles and

BUREAU V. &

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

() 3395 Reg. Dist. No. 305

a. COUNTY Wash	ington		MARYL		2. USUAL RESIDENCE (V o. STATE	Where decease	d lived. If institut b. COUNT		befare adm	ission)
b. CITY OR TOWN RURAL and give Boonsbo	(If autside corporate lim nearest tawn)		c. LENGTH OF STAY II	N 1b	Rural Mi	ddlet		RURAL and give	nearest ta	wn)
OR INSTITUTION	ursing Ho		address)		d. STREET ADDRESS				ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Dan.		Middle Ralp	h	Kenler	4. DATE OF DEATH	Wo 3	nth	Doy 79	Year 19 57
5. SEX			RIED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y	EAR IF UN	
male	white	WIDOW			9/5/1896		last birthday)	Months Do	ys Hour	s Min.
10a. USUAL OCCUPAT during most of wo farm O	ION (Give kind of work irking life, even if retired WNET	dane 10b.	KIND OF BUSINESS OR	INDUST	Maryla	-	ountry)	12. CITIZE		AT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Daniel	Kepler			1977	Marth	a Jan	e Derr			
The same of the sa	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.		ORMANT			dress		
THE ONLY OF WHENOWN	(If yes, give wor or dates of s	2	15-36-6496	Mrs	. Charles	Leat	herman,	Midd.	Letov	m, Md
Canditions, if gave rise ta cause (o), stating lying cause last PART II. O' PART III. O' OR CONTRIBUTIN (IF EITHER, NOTIF	immediate DUE TO	1	CONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GI	VEN IN PART 1(PERF	S AUTOPSY FORMED?
	AS UNDERLYING OF CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature af injury in	Part I ar Par	t II of item 18.)			
Y 20c. TIME OF INJU	10	While at war	Not while	PLAC facto	E OF INJURY (Home, far ry, street, affice bldg., e	rm. 20f. (City	or tawn)	(Cou	nty)	(State)
21. I certify to alive on The ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	bat I attended the	Re	d fram out	death o	occurred at 6		n the causes treet, city or tawn,		date sta	ted above. DATE SIGNED
220. BURIAL, CREMATI REMOVAL (Specify Burlal	ON, 22b. DATE THEREC		Zc. NAME OF CEMET		CREMATORY Emetery		TION (City, Iown,		(Si	ate)
23. FUNERAL DIRECTO Gladhil		d dl∈	ADDRESS etown, Md			D BY REGIST		STRAR'S SIGNA	QUE DEL	

215.34.4496

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The Leading Burt Learning the Licease Light Committee Light Co

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WUREAU V. S.

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ly be retained by the hospital or attending physician.

ATTENDING The bottom cop

A15C 1-55 10M

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. SIVSICIAN OR HOSPITAL: The law requires that the death certificate be executed within

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03387

CERTIFICATE OF DEATH

03396

Reg. Dist. No. 302

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED						
COUNTY Washington	MARYLAND	STATE Marvl	and county	Wash	ington			
CITY (If outside corporela limits, write RURAL OR and give nearest town)	LENGTH OF STAY	CITY (if outside corp.	prete limits, write RURAL	end give neeres	st town)			
TOWN Hagerstown	(in this piece) 2 Weeks	OR TOWN UP CO	natown					
HOSPITAL OR	I Z WEEKS	STREET .	rstown	ve location)				
INSTITUTION OR STREET ADDRESS We shington County	tre Troomtol	ADDRESS						
washiring con Coun	oy Hospial			treet				
DECEASED	viddia)	(Last)	4. DATE (Mo		(Day) (Ye	ear)		
(Type or Print) Gilbert R.	Kern	1S	DEATH ME	arch 1	8 19	57		
5. SEX 6. COLOR OR 7. SINGLE, MARRIEI WIDOWED, DIVO	DRCED. 8. DATE C	OF BIRTH	9. AGE last birthdey	IF UNDER 1	YEAR IF UNDE	R 24 HRS.		
	rried June	6. 1897	59 yrs.	Months	Deys Hours	Min.		
10a. USUAL OCCUPATION (Give kind of work 10b. KIND	OF BUSINESS	11. BIRTHPLACE (State or fore	11	1 7 1	CITIZEN OF WI	TAT		
done during most of working life, aven if relired) Labor	INDUSTRY				COUNTRY?			
13. FATHER'S NAME		Maryland 14. MOTHER'S MAIDEN	NAME		USA			
		IA. MOTHER 3 MAIDEN	NAME					
James H. Kerns		Bertha I						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unk.) (If Yes, give war or detas of sarvice)	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	- 1				
(1 cos) and or delias of surfaces		Laura	Bell Kerns	Hage:	rstown	. Md		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH /	, 18. MEDICAL CER		٨	T	INTERVAL BET			
A DISEASES ON COMMINIONS DIRECTED LEADING TO DEATH	boto mel	aden Cele	Shoen		ONSET AND I	DEATH		
IMMEDIATE CAUSE (A)	ypy wow	evano varione	1 200 00 - 0		376	0		
ANTECEDENT CAUSE(S) DUE TO	2000	ato roll	20			1		
DISEASES OR CONDITIONS, IF ANY, (B)	farsour	- ON YEAR	0-0		0 /	9,		
STATING UNDERLYING CAUSE LAST. DUE TO	Tuls	2. /200			2 2			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 morron	-words	~		200	y .		
TO THE DEATH BUT NOT RELATED TO THE								
19e. DATE OF OPERATION 19b. MAJOR FINDINGS O	A CORED ATION							
The MAJOR FINDINGS C	F OPERATION				20. AUTOP			
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home,	ferm, fectory,	21c. WHERE DID INJURY OCCU	R? (City or town)	(County)				
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, off	lica bldg., etc.)		(4.1, 5.16.11)	(Couliny)	(3101	0)		
21d. TIME OF INJURY (Month) (Dey) (Yaer) (Hour) 21a. 1		21f. HOW DID INJURY OCCU	R?			-		
Mhile M. at wor		/	1					
22. I hereby gertify that Lattended the deceas		.57 //	week N.	/				
22. I hereby derthy had handed the deceas	ed from	, 19, 10	10, 19	, that I la	st saw the de	ceased		
alive on 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	hat death occurred at	M, from the	auses and on the	date stated	above.			
Mars San Donna		1 ma 112 11 mal	RESS (Streat, city, tow	n, state)	DATES	IGNED		
23. BURNAL, CREMATION DATE THEREOF	M.D.	/squ.wojum	- must poex	Marcus	. 7/19	10)		
REMOVAL (SPECIFY) DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town	n, or county)	((Stete)		
Cremation March 21.	Lee & Son	Crematory	Washingt	on	D. (7.		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	2	25. FUNERAL DIRECTOR'S	SIGNATURE	AD	DRESS	-		
Man 20 1857 Pelas 146	SALONIII		1101	1/	_	-		

ST THO SUFFICE PERSON SO THE DAY OF STATE OF ALTERY

HEADO ETASELES

RUBEAU V. S.

4961 93 8VV. William Committee of the Committee of th

Item 9 FilmG213 11-11-57 CERTIFICATE OF DEATH 03388 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed Washington b. COUNTY MARYLAND Washington Maryland deoth. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town)
Hagerstown vears Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Washington County Hospital S. Potomac St. YES NOT 3. NAME OF Middle Last Month Year DECEASED (Type or print) John DEATH March Ervin Lewis 18 1957 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF SIRTH 9. AGE (In years last birthday) Months Days Male White DIVORCED T 1880 WIDOWED [6 yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Laundry Foxville Md . 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL Alfred Lewis Rebecca Kuhn WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address -18-0827Mrs. Carrie V. Lewis Hagerstown Md. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate DUE TO cosse (a), stating the underlying couse last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 0. m While Not while at work at wark 21. I certify that I attended the deceased from 2/27/573/18/57 ... 19____that I lost sow the deceosed M, from the couses and on the dote stated obove. and that death occurred ot___ ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL North Potomac Street SIGNATURE DIRE P PHYSICIAN'S Howard N. Weeks. M.D. Hagerstown, Maryland NAME (Type) moy be r 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Rest Haven Cemetery Hagerstown 0 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE F. Minnich & Son Hagerstown Md. 15M 9/55

OF HEALTH—BALTIMORE, 18

This - 10-0827834 Carrie V. Lewis W. Hagerstown Md. Z. V UAZRUE at 2007 ELECTRON CONTROL OF THE CHARACTER V. S. 7501 88 AAM Principal and the recognition of the principal and the principal a

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04555

		03389	CERTIFICA	ATE OF DEATH		Reg. Dist. No.	30%
1.	PLACE OF DEATH a. COUNTY WASHIA	I GTON	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institut b. COUNTY	Cachine	e odmission)
	b. CITY OR TOWN (If outside RURAL and give nearest to	wn)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (III or	RURAL ond give near	est lown)	
	d. NAME OF HOSPITAL (If no OR INSTITUTION	at in haspital, give street		d. STREET ADDRESS	NSBORO		ON A FARM?
3.	NAME OF DECEASED (Type or print)	First	Middle P = 1 i =	Lost	4. DATE Mor	nth Day	Year 19 5 7
5.	WALE MALL W	HITE WIDOW	RIED NEVER MARRIED NEVER DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy) 84-8-17rs.	IF UNDER 1 YEAR Months Days	
	during most of working life,	even if retired)	OWN HOME	NAME OF	VSBORD WASH		V.S.A.
	No-	e war or dates of service)	NONE TI	MALINE O	1/ 1/1/5	iress IN ST. HAC	ERSTOWN
	18. CAUSE OF DEATH [En PART I. DEATH WAS IMMED	(1)	ine for (o), (b), ond (c).}	floch ove	aries.		RVAL BETWEEN ET AND DEATH
	Conditions, if ony, whi gove rise to immedia cosse (o), stating the under lying couse lost.	ote (Duc 20					
CERTIFICATION	PART II. OTHER SIGN	HEICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GI	VEN IN PART I(o) 19	PERFORMED?
	20a. ACCIDENT WAS UNDE OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA	ISE OF DEATH I	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	ort I or Part II of item 18.)		
MEDICAL	20c. TIME OF INJURY Mont Hour o. m. p. m.	th, Day, Year 20d. While of wo	Not white fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
	21. I certify that Lat alive on Marchal SIGNATURE	ttended the decear		n occurred at No 6 h			
	PHYSICIAN'S A . C	U. LeVa	n	m.b		9n	d
	O. BURIAL, CREMATION, 22b.	DATE THEREOF	22c NAME OF CEMETERY C	OR CREMATORY	22d, LOCATION (City, Iown,	or county)	(State)

ADDRESS

VS A1S (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

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BOKEN A STATE OF THE STATE OF T

VS A15 (4) 15M 9/S5

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr Jennings

03398

03390	CERTIFICATE	OF	DEAT

Reg. Dist. No. 302

1. PLACE OF DEATH o. COUNTY Washing	ton	MARYLAND	2. USUAL RESIDENCE (WI Q. STATE Maryland	here decease	Washin		nce before ode	mission)	
b. CITY OR TOWN (If	outside corporate limits, write	c. LENGTH OF STAY IN 16						own)	
Hager		24 Hrs	03 Hagers	town					
d. NAME OF HOSPITA	d. NAME OF HOSPITAL (If not in hospital, give street address)		d. STREET ADDRESS					RESIDENCE	
Wash. County Hospital			623 George St					YES NO	
NAME OF	First	Middle	Last	4. DATE	Mor	ith	Day	Year	
(Type or print)	EMMA	GRACE LO	RSHBAUGH	OF DEATH	Mar 19	195	7	19	
. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years			NDER 24 HRS.	
Female	White WIDO	WED DIVORCED	Dec 12 188	38	last birthdoy) 68 yrs.	Months	Doys Hou	urs Min.	
a. USUAL OCCUPATIO	N (Give kind of work done 10 ing life, even if retired)	6. KIND OF BUSINESS OR INDU		or foreign o		12. CI1	TIZEN OF WH	HAT COUNTRY	
Knitt		sierv Malls	Edgemont	t Was		•	USA		
B. FATHER'S NAME			14. MOTHER'S MAIDEN					1777	
Edwa	rd Kriner		Florence	e S	ell				
. WAS DECEASED EVER	IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. I	INFORMANT		Add	ress			
Yes, no, or unknown) (If yes, give war or dates of service)	214-09-8179Mr	s Margaret	Barr	ow 623	Georg	ge st		
	TH [Enter only one cause on THE CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	ronchespulus	unia, Ril	Pater	wn Ma.		ONSET A	BETWEEN NO DEATH	
Conditions, if or gave rise to in couse (a), stating the lying couse lost.	nmediate (DUSTO								
20a. ACCIDENT WAS OR CONTRIBUTING		econtributing to DEATH BUT	() A	Eugs	SE CONDITION GIV	EN IN PAR	PEF	AS AUTOPSY REFORMED?	
	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Par	rt II of item 18.)				
20c. TIME OF INJURY Hour o. m. p. m.	Wh	£-	ACE OF INJURY (Home, form clory, street, office bldg., etc	n, 20f. (Cit	y or town)	((County)	(State)	
21. I certify that I attended the deceased fram 3/15, 1957, ta 3/19, 1957, that I last saw the deceased									
alive on 34.19, 19.57, and that death accurred at 220 M, fram the causes and an the date stated above.									
I L'	ADDRESS (Sireet, city of lown, stote) DATE SIGNED								
SIGNATURE DEGRE Kunings M.D. 136W, Washington St. 3/2015-7									
PHYSICIAN'S GEOrge Tennings Hagristonn, Md.									
2a. BURIAL, CREMATION	N, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCA	TION (City, town,	or county)	(5	State)	
Burial	3/21/57	Rose will	Candettv	**	rstown			Ma	
3. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS		D BY REGIS				ALC:	
Andrew K	. Coffman H	graratown Ma		123/		alt	13occ	NOW	

And the second s

Andrew L. Bolymon Heer to me = .

PUREAU V. S.

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VS A1S (4) 1SM 9/SS

ARYLAND	STATE DEPARTMENT	OF HEALTH-BALT	TIMORE,	18
0004	CERTIFICATE	OF DEATH	Dr Di	tto

M

03399

DECASED (Type or print) GEORGE WILSON LOUDENSLAGER DEATH (Type or print) GEORGE WILSON LOUDENSLAGER DEATH (S. DATE OF BIRTH (S. CAUSE (In year) (Months)	HRRYI	GERTIFICA			Reg. Dist. No. 202
D. CITTOR TOWN If ouride corporate limits, write RURAL and give nearest town HELGETSTOUTH HOLGETSTOUTH HOLGET	o. COUNTY	MARYLAND	O STATE		
d. STREET ADDRESS COUTT HOUSE OR INSTITUTION COUTT HOUSE Trial Middle DEATH LOUIST DEATH METON COUTT HOUSE FINI Middle DEATH METON FINI Middle DEATH METON FINI Middle DEATH METON FOR PARTY PART LOUIST S. SEX C. COLOR OR RACE Trial Middle White White Whome Whome DEATH METON LOUIST PART LOUIST ADARE WILSON LOUIST FOR BITH AT OA DE (In your Information Month) May Death Method Method White Whome White Whome Whome DIVORCED DIVORCED B. DATE OF BITH METON Method White Whome White Whome White Whome White Whome DIVORCED DIVORCED To PENTY HE PART LOUIST Method Method White White Whome White White Whome White White White Whome White White Whome White Whome White White	 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 			"	RAL and give nearest town)
20. MANGOF CECEASED (Type or print) 21. DAME OF DETAIL SON GEORGE WILSON LOUDENSLAGER ACCION OR RACE MARRIED NEVER MARRIED DATE OF BIRTH MILSON LOUDENSLAGER ACCION OR RACE MARRIED NOVECED FORD MONOTED DATE OF BIRTH MONOTH DATE OF MARRIED DATE OF MARRIED DATE OF BIRTH MONOTH DATE OF MARRIED DATE OF MARRIED DATE OF BIRTH MONOTH DATE OF MARRIED TO A DATE OF BIRTH MONOTH DATE OF MARRIED TO A DATE OF MARRIED DATE OF BIRTH MONOTH DATE OF MARRIED TO A DATE OF MARRIED DATE OF MARRIED DATE OF MARRIED DATE OF MARRIED TO A DATE SIGNAL OF	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION			COWII IT # 2	
S. SEX G. COLDS OR RACE 7. MARRIED NEVER MARRIED DEVORCED FODY 19 SOCIAL INFORMANT No. DEVORCED DEVORCED DEVORCED FODY 19 SOCIAL INFORMANT No. N	3. NAME OF First DECEASED	Middle	lost Sr	OF %	h Day Year
Male White widowed Divorce Feby 19 1901 for which boys hours with the part of the part o	disorted #1	1001	DENSLAGER		
OUT MOTHER'S MADE 3. FATHER'S NAME William Loudenslager 5. WAS DICESSEDEVER IN U. S. ARMED FORCES? 10. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH [Enter only one course per line for (6), (6), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if only, which gove rise to immediate costs (6), incling the under: DY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF	16 - 1871 - 4			lost birthdoy)	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCESS* (16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c).] 19. PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o). DUE TO	during most of working life, even if refired)		77	mo.	•
William Loudenslager S. WAS DECEASED EVER IN U. S. ARMED FORCES? If you, gray are define of serviced	FOREMAN J. D. F.	erguson co			USA
S. WAS DECEASED EVER IN U. S. ARMED FORCES? In SOCIAL SECURITY NO. 17. INFORMANT Address R # 2 Md 341-09-4055 Virginia F. Louden slager Hagerstown B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY INFORMANT PART I. DEATH WAS CAUSED BY INFORMANT Conditions, if ony, which gove rise to immediate cause (c) Use TO Conditions, if ony, which gove rise to immediate couse per line for (o), (b), and (c).] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOSY PERFORMED? YES OR CONTRIBUTING CAUSE OF DEATH (c) OR CONTRIBUTING CAUSE OF DEATH (c) While Not while of work of work of the work o	William Loudensl	ocar			
INTERVAL BETWEEN ONSET AND DEATH Enter only one cause per line for (o), (b), and (c).	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Addre	n Tr a Ma
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gove rise to immediate cause (o), stoting the under-lying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO POR CONTRIBUTING CAUSE OF DEATH 100 POR CONTRIBUTING CAUSE OF DEATH 11. OTHER NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year low of white of work o		-f-1	6 4-42	4 6	12/1
Costs (a), stoting the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION	gove rise to immediate	News /fo	lending N	en Guse	al 19/56
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 20d. INJURY OCCURRED While of work 20d. INJURY (Home, form, factory, street, office bldg., etc.) 20f. (City or town) (Caunty) (State) 20f. I certify that I attended the deceased fram 2 20d. Injury (Home, form, factory, street, office bldg., etc.) 20f. (City or town) 20f	casse (o), stoting the under-)	721/57
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of wor	CATE	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	PERFORMED?
21. I certify that I attended the deceased fram	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port t or Port It of item 18.)	
alive an	Hour o. m. While	Not while fo	ACE OF INJURY (Home, form actory, street, office bldg., etc.	20f. (City or town)	(Caunty) (State
ACTUAL SIGNATURE M.D. ADDRESS (Street, city or town, stole) DATE SIGN DATE	21. I certify that I attended the deceas	ed from / 2 - 3-	195 6, to S	7-21- 19:07	that I last saw the deceas
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) PHY	alive an 3-14-57, 19	, and that death	accurred at 6134	LM, fram the causes an	nd an the date stated abar
NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Burial 3/24/57 Rest Haven Cemetery Hagerstown Wash. Co. Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REGISTRAR 24b. REGISTRAR'S SIGNATURE	ACTUAL SIGNATURE A. SW Della	5	M.D. Hegs	ADDRESS (Street, city or town, st	ote) 3/23/57
Burial 3/24/57 Rest Haven Cemetery Hagerstown Wash Co Md 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	PHYSICIAN'S A DE DE	The state of the s	Hern	whom my	3/2/57
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	REMOVAL (Specify)	77	_	22d. LOCATION (City, town, or	county) (Stote)
			Mar	251957 280	SHBowers

CENTRICATE OF DEATH

BUREAU V. S.

7261 TS AAM



VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18

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		000	-	CEDTI	FIC	ATE OF DEATH	10			11941	
		033	92	CEKII	ric.	ATE OF DEATH			Reg. Dist	. No. 3	02
1.	PLACE OF DEATH					2. USUAL RESIDENCE (Whe	ere decease	ed lived. If institution	n: Residence	before admi	ission)
	Wa	shington		,	LAND	Md.				erick	
17	b. CITY OR TOWN RURAL and give	(If outside carporate liminearest town)	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If or				ve nearest tov	wn)
	Hagers.	TOWN ITAL (If not in hospital, g		1 da	V	Rural Smi	thbu	rg 10X	Lide.	46.00	COLDENICS
N	, OR INSTITUTION	on County				d. SIKEEL ADDRESS				ON	A FARM?
	NAME OF DECEASED (Type or print)	Luella		Middle Irene		Lovell	4. DATE OF DEATH	Mont	h Marc	Doy h 10,	Year 19 57
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 🔲	B. DATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF UNI	DER 24 HRS.
	female	white	WIDOWI	DIVORCE	D 🗆	6/11/1888	8	68 yrs.	Manths [Days Hours	Min.
100	. USUAL OCCUPAT	ION (Give kind of work rking life, even if retired	dane 10b.	KIND OF BUSINESS C	OR INDU	ISTRY 11. BIRTHPLACE (Stote of	or foreign o	country)	12. CITIZ	EN OF WHA	T COUNTRY
	housew			own hom	1e	Maryla				U.S.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N.	AME				
		ah Smith			1	Ellen F	OX				H
15. (Ye	s, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO	-	INFORMANT	77	Addre Cmi + h has		2	
	no			none	J .	Floyd Love	119	Smithbur	, N	d.	
		ATH [Enter only one co	24	ne for (a), (b), and (c).	- 4					ONSET AN	D DEATH
	A S Charles and	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		enosilerale	c h	lay disease				2 mo	3.
	4.00.0	DUE TO	1	1.	. 0					2.4	
	Conditions, if	immediate (,	mecara	فد	infuction				- day	#
	lying couse lost										
Z		- /		ONTRIBUTING TO DE	ATH BU	T NOT RELATED TO THE TERMIN	VAL DISEAS	SE CONDITION GIVE	EN IN PART	1(a) 19. WAS	AUTOPSY
ATIC											ORMED?
TIFIC	20a. ACCIDENT W	AS UNDERLYING G CAUSE OF DEATH	20b. DES	RIBE HOW INJURY O	CCURRE	ED. (Enter nature of injury in P	art I or Pa	rt II of item 18.)			
CER	(IF EITHER, NOTIF	Y MEDICAL EXAMINER)									
MEDICAL CERTIFICATION		RY Month, Day, Ye		NJURY OCCURRED	20e. Pl	LACE OF INJURY (Hame, farm, actory, street, office bldg., etc.)	20f. (Cit	y or town)	(Co	ounty)	(State)
MED	Hour o. n. p. m.	10	While at wor	Not while		crosy, sincer, office orage, etc.,					
	21. I certify t	hat I attended the	deceas	ed from May	9	, 19.1, to)	nor	10 1957	that I la	ast saw the	e decease
	alive on1	194 10	_, 12.5	1, and that	death	occurred at 1:150.					
7		12011				A	DDRESS (Street, city or lown,	state)		DATE SIGNE
H	ACTUAL SIGNATURE	1 & Stan	pper	/		M.D. 170 W. h	ash	ington I			
	PHYSICIAN'S NAME (Type)	RS STAU	FFE	R			Ha	gerstown	- Zu	d.	TET.
220	BURIAL, CREMATI	ON, 226. DATE THEREC)F	22c. NAME OF CEM	ETERY C	OR CREMATORY	22d. LOC/	TION (City, town, o	r county)	(Sto	ote)
	BUT al	3/12/19	957	Garfiel	dI	E. U. B. Cer	. 1	rederich	c Co.	Md	

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Co., Middletown, Md. 240. REC'D BY REGISTRAR

BUREAU V. S.

7861 31 9AM

BECEINED

A PERIOD

AUDI-INI INCOME MENI

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

03401

03393 **CERTIFICATE OF DEATH**

Reg. Dist. No.	302
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	000	00						Reg. Dist.	. 140.	7
i. PLACE OF DEATH o. COUNTY	Washingt	on	MAR	YLAND	2. USUAL RESIDENCE (a. STATE Md		lived. If institution b. COUNTY		before odmiss ingto	
b. CITY OR TOWN RURAL ond give r Hagerst	(If outside carporate limit nearest tawn) OWN	s, write	40 year		c. CITY OR TOWN (ate limits, write R	URAL and giv	re nearest town)
OR INSTITUTION	TAL (If not in hospitol, gi				d. STREET ADDRESS / 139 Ra		Ave.			IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Lilli	е	May		Lum	4. DATE OF DEATH	Marc	h 22	/	Yeor 19 57
female female		WIDOWE	D DIVORCE	D 🔲	Sept. 11,	1900	P. AGE (In years lost bigthday) 56 yrs.		YEAR IF UNDE	R 24 HRS. Min.
during most of war	ON (Give kind of work d rking life, even if retired) Wife	one 10b. I	wn home	OR INDUST	Steelto			I2. CITIZ	EN OF WHAT	COUNTRY
	William C				14. MOTHER'S MAIDEN	C. Tu	pin			
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCE (If you, give wor or dates of se	rvice) 262	8CIA28CU8769	1 Mr	ormant s. Clara		Add		, Md.	
	ATH [Enter only one cou ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		e for (o), (b), ond (c) Carcinon		uterus				INTERVAL BE	TWEEN DEATH
Conditions, if a gave rise to couse (o), stating	immediate (tastasis '	to liv	er (jaundi	ce &asci	tes)		lyr	
Iying cause last. PART II. OT	(c)	DITIONS CO	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TER	RMINAL DISEASE	CONDITION GIV	EN IN PART 1	PERFO	AUTOPSY RMED? NO 🔀
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	None	CCURRED.	(Enter nature of injury i	in Port I or Port	It of item 18.)			
A Hour o es	RY Month, Day, Yea None 19		JURY OCCURRED Not while of work	20e. PLAC focto non	E OF INJURY (Hame, for ry, street, office bldg., a LC	etc.) 20f. (City	or town)	(Co	unty)	(State)
actual SIGNATURE	hat I attended the arch 22 Rolling Samuel We	_ 125 /)1			, 19 46 to ccurred at 10 il 5	ADDRESS (Sin	eel, city or lawn,	nd on the	date state DA -23-57	ed above
	ON, 226. DATE THEREON 3-26-57		22c. NAME OF CEM		REMATORY	22d. LOCATI	on (City, town, orstown	r county)	(Stote	
23. FUNERAL DIRECTOR SCOTT F.	r's signature Minnich &	Son	ADDRESS Hagers	town	, Md. 245	ec'd by registr		TRAR'S SIGN	BOW	ess

TO HOSPITAL OR

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mail ettas yes

nearest 40 and

Art. Olere Pomer, Degeratori, Mi.

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A Ware of the control of the control





Rose Hill Cemetery

ADDRESS

F. Minnich & Son, Hagerstown, Md.

(Stote)

Hagerstown, Md.

24b. REGISTRAR'S SIGNATURE

24a, REC'D BY REGISTRAR

page VS A15 (4)

23. FUNERAL DIRECTOR'S SIGNATURE

- Shower datem, IT. Va. Topusto.

ters. From Carein, Hogermone of St.

BUREAU V. E. 7291 TS AAM

Sport F. Rimital & Son, Magazanawa, 188. Language

VS A15 (4) 15M 9/55 M

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03403

03395 CERTIFICATE OF DEATH

Reg. Dist. No. 302

o. COUN	ITY		MARYLAND		SUAL RESIDENCE (WH		b. COUNTY		before od	mission)
b. CITY C	Washington OR TOWN (If outside corporate limit	ts. write	c. LENGTH OF STAY IN 16	1	Mary L		Wasningt		o peores!	towal
RURAL	ond give nearest town)			1				OKAL ONG GI	o negresi	iowiij
	rerstown		2 years	0-		Hage	rstown		1	
OR IN	OF HOSPITAL (If not in hospital, g			1	S. STREET ADDRESS				e. IS	RESIDENCE N A FARM?
Home	e 309 Radcliffe	Aven	ue		309 Rado	cliffe	Avenue		YES	S ON
3. NAME O DECEASE (Type or	D crint)	st	Middle	Mac	lost	4. DATE OF DEATH	Mon Mar		Day 31	Yeor 19 57
5. SEX	OTalelice	7	Edgar		Carren TE OF BIRTH	DEATH	9. AGE (In years			19 5 (INDER 24 HRS.
			ED NEVER MARRIED				lost birthdoy)	-		urs Min.
Male	White	WIDOWE			1-19-1881		75 yrs.	11		
during i	OCCUPATION (Give kind of work of most of working life, even if retired) oncrete Hauling	done 10b. 1	KIND OF BUSINESS OR INDU	JSTRY			ountry) Maryland		S.A.	HAT COUNTRY?
13. FATHER'S				114	MOTHER'S MAIDEN N	31.7	riar y raine	4 0	.0 .11 .	
13. FAIRER S) IAVME			14.			, ,			
	Charles Mc			1		ine Ec	kenrode			
15. WAS DE	CEASED EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFOR!	MANT		Add	ress		
NO			NONE	Mrs.	. C. E. McC	Carren	, Hagers	town,	aryl	and
18. CA	USE OF DEATH [Enter only one co	use per lin	e for (o), (b), and (c).]						INTERVA	L BETWEEN
	PART 1. DEATH WAS CAUSED BY:	. (Carolin Va	7 04	lar C	110	red		ONSET	ND DEATH
00	IMMEDIATE CAUSE (6)		ach Wes 1 -			1.1,	11-1			114111
00		(1 / 1009	1 .		0.	t=0.		2	A
	rise to immediate (b		ALLE .	V 0.	264/A2	NE	CIXENI		~	0 10 2
	(o), stoting the under- DUE TO	1	D. Lace	,	1				V	AVO
	couse lost. (c)	HIKKID	20	16021-					1.7
No No	PART II. OTHER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BU	TONT	RELATED TO THE TERM	NAL DISEAS	E CONDITION GIV	EN IN PART	(o) 19. W	REPORMED?
IA			no							NOW
CERTIFICATION (IE EITH	CIDENT WAS UNDERLYING THE	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Ent	er noture of injury in	Port I or Por	t II of item 18.)			- /-
	ER, NOTIFY MEDICAL EXAMINER)		me							
	E OF INJURY Month, Day, Yes			LACE O	FINJURY (Home, form treet, office bldg., etc	20f. (City	or town)	(Co	unty)	(Stote)
WED	p. m. 19	While of work	INDI WILLIE	, , , , ,	meer, office bidgi, die					
21 1	certify that I attended the	decease	od from Miles Ch	2	1952 to N	lar 31	1927	that I la	et row t	he deceased
alive	MA P.O.	10	2_, and that deat			MA francis	the source		alata a	ne deceased
dilve		, 17_=	, and mar deall	n deci			n the causes of treet, city or lawn,		e dare si	DATE SIGNED
ACTUAL	1	21	2.10		1100	TODALIS (S		haa	12	DATE SIGNED
SIGNAT	TUREZ	2	LUV	M.D.		710	N++16.7	72	77.	Teles
PHYSICI NAME (IAN'S Louis G	· 64	14		Haye	fre.	Com		BM	,
220. BURIAL	, CREMATION, 22b. DATE THEREC)F	22c. NAME OF CEMETERY C	OR CRE	MATORY	22d. LOCA	TION (City, town, o	or county)	(Stote)
Buri	1 1 2 705	7	Rest Waven C	elne:	term	Has	erstown.	Maryl	and	
23 FUNERAL	DIRECTOR'S SIGNATURE HOUZET Funeral	Home	ADDRESS	-	24a. REC'	D BY REGIST		TRAR'S SIGN	TURE	
R. B	anklin Proper	1101110	Hagerstown, N	lary	land John	4195	LHA	SHI	och	reex
- W				-				311110		

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03396

CERTIFICATE OF DEATH

Reg. Dist. No.

03404 302

1. PLACE OF DEATH o. COUNTY Washin	gton		MARYLAN		USUAL RESIDENCE (Vo. STATE Marvl		d lived. If institut b. COUNTY Washii		before adr	mission)
	If outside corporate limi	ls, write	c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN (If				re negrest to	own)
Hagerst			59 years	10	3 Hagers	town				
d. NAME OF HOSPIT	TAL (If not in hospital, g	ive street	address)		d. STREET ADDRESS				e. IS	RESIDENCE
OR INSTITUTION	Virginia Av	renue			1802 Vir	ginia 1	Avenue			NA FARM?
3. NAME OF DECEASED (Type or print)	fii Lawre		Middle Edward	Mo	Clain	4. DATE OF DEATH	Mar.	nth	Doy 21	Year 19 57
5. SEX					ATE OF BIRTH		9. AGE (In years	I I I I I I I I I I I I I I I I I I I		NDER 24 HRS.
		-	NEVER MARRIED				lost birthday)		ays Hou	
Male	White	WIDOW			-20-1897		59 yrs.		1	
during most of wor	ON (Give kind of work king life, even if retired)	KIND OF BUSINESS OR IN		11. BIRTHPLACE (Stot	te or foreign o	ountry)	12. CITIZI	EN OF WH	IAT COUNTRY
Money Orde	r Clerk	U	.S. Post Off:	ice	Hagerst	own, Ma	aryland	U.	S.A.	
13. FATHER'S NAME		75.24		14	. MOTHER'S MAIDEN	NAME				
Dani	el S. McCla	ain			Ellen	Lushbar	ugh			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	7. INFO				ress		
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)	NONE	Mrs	. Lawrence	McCla-	in. Hage	rstown.	Mary	land
	ma fe .		ge for (o), (b), and (c).]	2720	- Hamingino	110010	27		U	BETWEEN
180x	TH WAS CAUSED BY: IMMEDIATE CAUSE (o		Acabo to	- 1/2.	RX Ku	ducy	-Klasta	went to	ONSET AL	ND DEATH
Conditions, if o gove rise to i coese (o), stoting lying couse lost.	the under-		pavas	700	con in					7.10.
CATIC			CONTRIBUTING TO DEATH					VEN IN PART 1	PER	AS AUTOPSY REFORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter noture of injury in	n Port I or Por	t II of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	ar 20d. II While of wor	Not while	PLACE factory.	OF INJURY (Home, for street, office bldg., e	rm, 20f. (City	or town)	(Cod	unty)	(Stote)
21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	deceas L. 19 S	ed from Oct 2, , and that dec	ath ac	curred at 7		n the causes treet city or town	and an the		ne deceased ated abave DATE SIGNED
220. BURIAL, CREMATIO REMOVAL (Specify)	3-24-19		Rose Hill		etery		TION (City, town, erstown,			itote)
23. FUNERAL DIRECTOR	S SIGNATURE	305	ADDRESS North Potoma	ac S	- JA.	C'D BY REGIST	757 24b REG	STRAR'S SIGN	ATURE	ress

CERTIFICATE OF DEATH

BUREAU V. R.

7261 98 AAM

BECEINED

T-1-3

e IS RESIDENCE

ON A FARM?

Year

19 57

03405 Reg. Dist. No. 302

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

Days

USA

Wash.

Months

	RMED?	
YES	NO 4	ø

INTERVAL BETWEEN ONSET AND DEATH

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Day, Year

20d. INJURY OCCURRED While Not while of work of work

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.)

(County)

(Stote)

		certify
ď	alive	an

PHYSICIAN'S

NAME (Type)

20c. TIME OF INJURY Month.

MED	
	21

a. m.

that I attended the deceased from....

1942 to Mer. 8 , 1957, that I last saw the deceased

ADDRESS (Street, city or town, state)

ACTUAL

DATE SIGNED

220. BURIAL CREMATION. REMOYAL (Specify) buria

22b. DATE THEREOF 3-11-57

22c. NAME OF CEMETERY OR CREMATORY Lutheran

ADDRESS

22d. LOCATION (City, town, or county) Lovettsville

(Stote) Va.

23. FUNERAL DIRECTOR'S SIGNATURE

24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

15M 9/SS

haspital ATTENDING

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O HOSPITAL

DIRECT

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FUNER

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registrar

deoth.

certificate

that

Fred W. Kraiss

Hagerstown, Md.

0 VS A15 (4)

CHECKIE OF DEATH

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	D-	A DESCRIPTION OF THE PROPERTY OF THE PARTY O	2510.	anorereal.
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		The staff police		2107
	APPROXIMATION OF THE PARTY OF T			
		1868	District Service	remile simple
		THE PARTY OF THE PARTY OF THE PARTY.		
		9,1110	resigned Loodon	berline.
	70	Silenbert Frum		oni le Yaneli
	. DE . COTETON	THE RESERVE OF THE PERSON NAMED IN		
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Fred . Arales | Hacor room, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03398

CERTIFICATE OF DEATH

03406 Reg. Dist. No. 302

1.	PLACE OF DEATH	shington		MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland		lived. If institution b. COUNTY		e before oc	dmission)
		outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF				ive negrest	town)
	Hagers			2 weeks	0.3 Hager	stown				
Г	d. NAME OF HOSPITA	AL (If not in hospital, g	jive street	oddress)	d. STREET ADDRESS				0	RESIDENCE N A FARM?
H		on County I	-		1 249 Nort	h Mulb	erry St.		YE	S NO X
3.	NAME OF DECEASED (Type or print)	John Fir	st	Middle Franklin	Miles	4. DATE OF DEATH	Mon	ith	Doy 3	Year 19 57
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER		INDER 24 HRS.
	Male	White	WIDOW	ED DIVORCED	August 1, 18	83	73 yrs.	Months	Days Ho	ours Min.
	nusual Occupation during most of work Ret. Maint	ing life, even it retired		KIND OF BUSINESS OR INDU reraft Company	STRY 11. BIRTHPLACE (Stole Washingto 14. MOTHER'S MAIDEN N	n Coun			J.S.A.	HAT COUNTRY?
1		John Danie	FINE F	les	Amanda Ca	therin	e Bowers			
		IN U. S. ARMED FOR	CES? 16.		NFORMANT	V11-1 11-1	Add	ress		4150
(Ye	NO (If yes, give wor or dates of s		13-16-0130	Mary V. Miles	, Hage	rstown,	Laryla	and	
	PART 1. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Bro	ne for (o), (b), ond (c).] nchopneumonia						AND DEATH
	Conditions, if or gove rise to in		IIro	mia					7 da	ays
	couse (o), stoting to		Pro	state Hypertro	phy				4 M	0.
CERTIFICATION	PART II. OTH	er significant con Not		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	PE	AS AUTOPSY ERFORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port	11 of item 18.)	18		
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Ye	ar 20d. I While of war	Not while fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc	n, 20f. (City	or town)	(Co	ounty)	(Stote)
	actual SIGNATURE	at I attended the rch 3	12	57,, and that death	occurred at 3 &	ADDRESS (Str	eet, city or town,	and on th	e date s	DATE SIGNED
22	o. BURIAL, CREMATION REMOVAL (Specify)	3-5-7 9		St. Paul Ce	R CREMATORY		ON (City, town, o	or county)		(Stote)
	FUNERAL DIRECTOR: R. Ganfilu Suter-Rouze	SIGNATURE	Home	ADDRESS Hagerstown	240. REC'	D BY REGISTE		STRAR'S SIG		vers

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1927 7 AAM

VS A15 (4) 15M 9/55 M

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
00000					

03399 CERT

CERTIFICATE OF DEATH

03407

							Mag. Dist.	. 140.	
1. PLACE OF DEATH o. COUNTY Washi	ncton	MARYLAN		USUAL RESIDENCE (WHO STATE Maryla		lived. If instituti		before admis	ision)
b. CITY OR TOWN (If outside corporate limits, w	ite c. LENGTH OF STAY IN 1	ь	c. CITY OR TOWN (If o				ve nearest tow	n)
RURAL ond give n		70 years		3 Hagersto	1700				
d. NAME OF HOSPI	TAL (If nat in haspital, give s			d. STREET ADDRESS	2WII			e. IS RE	SIDENCE A FARM?
OR INSTITUTION	Dataman Array	2110	16	10 Potomac	Avenue				A FARM?
3. NAME OF	Potomac Aver	Middle	11. 7	Lost	4. DATE				
DECEASED (Type or print)	Danie			Miller	OF DEATH	Ma:		Day 19	Year 19 57
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED] 8. D	ATE OF BIRTH	6.59	9. AGE (In years lost birthday)	7	YEAR IF UND	
Male	White win	OWED DIVORCED		8-9-7864		92rs.	7	Days Hours	Min,
10a. USUAL OCCUPATIO	ON (Give kind of work done	10b. KIND OF BUSINESS OR IN	DUSTRY		or foreign co	untry)		EN OF WHA	TCOUNTRY
Dry Goods		Everly's Dep	t.	Sharpsbu	irg, Ma	aryland	U.S	S.A.	
13. FATHER'S NAME			1.	. MOTHER'S MAIDEN N					
	Michael Mille	222		Chr	ristair	Schind			
15 WAS DECEASED EVE	ER IN U. S. ARMED FORCES?		7. INFO	PMANT	. 1.0 00011	Schind			
(Yes, no. or unknown)	(If yes, give war or dates of service)				770			and.	
NO		NONE	Mrs	. John McKe	e, Hag	erstown,	Maryl		
	ATH [Enter only one cause p	per line for (o), (b), and (c).]						ONSET AND	DEATH
PART I, DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Mesenteric t	hron	nbosis				5 da	ys
570,2	DUE TO								1
Conditions, if o	ony, which) (b)	Generalized a	arte	eriosclero	osis			Inde	finit
gave rise to i	immediate (
lying cause lost.	the under-								
	(0)	ONS CONTRIBUTING TO DEATH I	RUT NO	RELATED TO THE TERMI	NAI DISEASE	CONDITION GIV	EN IN PART	1(a) 10 WAS	AUTOPSY
PART II. OTI					THE DISERSE	CONDITION ON	EN INT ART	PERFO	ORMED?
200. ACCIDENT W	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	RRED. (E	nter noture of injury in I	Port I or Port	II of item 1B.)			
	MEDICAL EXAMINER)					, .			
	RY Month, Day, Year 2	0d. INJURY OCCURRED 20e.	PLACE	OF INJURY (Home, form	, 20f. (City	or town)	(Co-	unty)	(Stote)
Hour o.m.		/hile Not while	foctory	street, office bldg., etc.	-)	- 10%	110.00		
		Dol-	10	ro Ma	, no lo "	10 6	17		
	not I oftended the dec		19	., 1957, to Ma	aren .	19 2	∫,thot I la	st sow the	deceosed
olive on Ma	rch 18	12_57, and that dec	ath ac	curred at 1 A.	M, fram	the causes o	ind an the	date stat	ed above
1	5/211.	0				eet, city or town,			ATE SIGNE
ACTUAL	o Diners	len	M.D.	148 West	Wash:	ington	Stree	t 3/	19/57
			- 10		3.5				
PHYSICIAN'S B	. B. Kneisl	ey, M.D.		Hagerston	vn, Mo	i.			
	ON, 22b. DATE THEREOF	22c. NAME OF CEMETER	Y OR CR	EMATORY	22d. LOCATI	ON (City, town, o	or county)	(Stol	tel
REMOVAL (Specify))								.01
23. FUNERAL DIRECTOR	3-21-1957	Rose Hill	Cem	7		rstown.	-		
1 1 0	Juneral Home				D BY REGISTR		STRAR'S SIGN	1	
RICHARD BUILD	Juneral Justice	Hagerstown.	, ria:	ryland Mar	2. 42,17	2/1014	ROHI	Zore	person

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MAR 26 1957 MAR 26 1957		

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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03499 CER

CERTIFICATE OF DEATH

()3408 Reg. Dist. No. 302

	1. PLACE OF DEATH o. COUNTY Washington	MARYLANI	II O STATE BY	re deceased lived. If institution b. COUNTY	on: Residence before admission) Washington
	b. CITY OR TOWN (If outside corporate lim RURAL and give nearest town) Hagerstown Md.	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If our Hagersto		URAL and give nearest town)
0	d. NAME OF HOSPITAL (If not in hospital, of Institution 1924 Virginia Av	give street oddress) 'C.	d. STREET ADDRESS 1924 Vir	ginia Ave.	e. IS RESIDENCE ON A FARM? YES \(\text{NO } \(\text{NO } \)
		e Florence Moat		4. DATE Mon OF DEATH Mar	/
	5. SEX 6. COLOR OR RACE White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH April 1 188	9. AGE (In years last birthdoy) 7 yrs.	Months Togs Hours Min.
1	10c. USUAL OCCUPATION (Give kind of work during most of working life, even if retired COOK Hestaurant	Restaurant	Pairplay		12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	Hamilton Mil		Marth	a Wade	
)	15. WAS DECEASED EVER IN U. S. ARMED FOR IYos, no, or unknown) (If yes, give wor or dates of the control of the	service)	Informant Ir. Harry T.	Moats 1924	Virginia Ave.
	gove rise to immediate cause (a), stoting the <u>under-lying couse last.</u>	(c)			VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
1	20c. TIME OF INJURY Month, Day, Ye Hour a. p. 19 21. I certify that lattended the alive on ACTUAL SIGNATURE	ear 20d. INJURY OCCURRED 20e. While NoI while of work of work		17/57.19	(County) (State) ,that I last saw the deceased and on the date stated above. DATE SIGNES
1	220. BURIAL, CREMATION 226. DATE THEREC	QF 22c. NAME OF CEMETERY		nd location (City, town, on Near Tilghm	
	23. FUNERAL SIRECTOR'S SIGNATURE A	- Williamspor			STRAR'S SIGNATURE

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THE REPORT OF THE PARTY OF THE

POKEYO A' E

MAR 20 1957

BECEINED

VS A1S (4) 1SM 9/S5

03491

03409 302

				reg. Dist.	. 110.
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	re deceased lived. If in	INTEN	e before odmission) Shington
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn) Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or Hagers			
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	t oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Wash. Co. Hospital		339 North	Mulberry St	creet	YES NO
3. NAME OF First DECEASED (Type or print) Carl	Middle Washington	Moulden	4. DATE OF DEATH	Month	Doy Year 21 1957
5. SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In	years IF UNDER 1	YEAR IF UNDER 24 HRS.
Male White WIDOW	VED DIVORCED	2-22-1896	lost birthe	yrs. Months D	Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Room Clerk	. KIND OF BUSINESS OR INDU Hag. News Agenc	STRY 11. BIRTHPLACE (Stale of	or foreign country) 1, Virginia		ZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME		
Unknown		Annie E.	Alben		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) Yes (If yes, give wor or dates of service) WeWe#1	3. SOCIAL SECURITY NO. 17. I 214-09-8071	Mrs. Carl M	oulden, Hag	Address erstown,	Maryland
OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED 200. PL	i Congest	ort I or Port II of item II	8.)	Jen- Jen- Jen- Jen- Jen- Jen- Jen- Jen-
21. I certify that I attended the deceded alive an 2/2000 ST, 19 ACTUAL SIGNATURE COLUMN T. PHYSICIAN'S	ork ot work	M.D. 1135 POTO		ses and on the town, stote) HAGERSI	ost saw the deceased above DATE SIGNET
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 3-25-1957	20c. NAME OF CEMETERY O		22d. LOCATION (City, to Hagerstown		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE System forger Francial Grane	ADDRESS 305 North Potor	nac Street REC'D		REGISTRAR'S SIGN	PATURE 2005 XI

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VS A15 (4) 15M 9/55

1. PLACE OF DEATH a. COUNTY

> b. CITY OR TOWN (IF RURAL and give nea

d. NAME OF HOSPITA OR INSTITUTION Washi

NAME OF DECEASED

5. SEX

CERTIFICATION

MEDICAL

2

(Type or print)

male 10o. USUAL OCCUPATION during most of working retir

13. FATHER'S NAME

15. WAS DECEASED EVER

no 18. CAUSE OF DEAT PART I. DEATI

Conditions, if on:

Hour a. m.

p. m.

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MARYL	AND	STATE DEPARTM	ATE OF DE		TIMORE, 1	8	() 3	341	0
		CERTIFICA	ATE OF DE	AIR		Reg. D	ist. No.	3	02-
()3	192	MARYLAND	2. USUAL RESIDEN o. STATE	ICE (Where decease	d lived. If institution b. COUNTY			re odmissi	
c. LENGTH OF STAY IN 1b c. CITY OR rest town) 10 weeks			116	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport					
(If not in hospital, given Count			d. STREET ADDI	RESS	e. IS RESIDENCE ON A FARM?				FARM?
First J		Middle Henry	Myers	4. DATE OF DEATH	Mon 3	th	20		957
2 * 4	7. MARRI		B. DATE OF BIRTH	1874	9. AGE (In years lost birthday) 82 yrs.	Months Months	Days		R 24 HRS. Min.
(Give kind of work dog g life, even if retired) ed		KIND OF BUSINESS OR INDUS		E (Stote or foreign on the Co.	country)	12. CI		S.A.	COUNTRY?
el Myers			14. MOTHER'S MA	arah Shaw					NETT.
N U. S. ARMED FORC yes, give war or dates of ser	AiCE)	SOCIAL SECURITY NO. 17. III	A. A. We	eaver Wil	Addr lliamspor		i. I	R2	
I (Enter only one could WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO		ofar (a). (b), and (c).] naplastic ca	arcinoma	of blac	dd er			ERVAL BET	DEATH
(b)_ mediate e under-									
R SIGNIFICANT COND		ONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	E TERMINAL DISEAS	SE CONDITION GIV	EN IN PAI	RT 1(o) 1	9. WAS A PERFO	RMED?
UNDERLYING CAUSE OF DEATH EDICAL EXAMINER)	Ob. DESC	RIBE HOW INJURY OCCURRED	D. (Enter noture of in	jury in Port I or Por	rt II af item 18.)				

gove rise to im couse (o), stating th lying cause lost. PART 11. OTHE 200. ACCIDENT WAS (IF EITHER, NOTIFY A 20e. PLACE OF tNJURY (Home, farm, 20f. (City ar town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (State) Not while foctory, street, office bldg., etc.)

21. I certify that I attended the deceased fram. 7-2------, 19.56, ta. 3-20-57..., 19..., that I last saw the deceased _, and that death accurred at 8 • 30AM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote)

DATE SIGNED ACTUAL Hagerstown,

NAME (174) /Joseph C. Crisp. N. D. 115 King St Hagerstown.	12
NAME (Type) Joseph C. Crisp. N. D. 715 King St. Hageratown. 1	12

REMOVAL (Specify) Md. 3-23-57 Rose Hill Hagerstown 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Fred W. Kraiss Hagerstown, Md.

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Henry	t and
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john Wiesekson Co	hositor
	easyl Leanner
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	CONTROL DE LA CO
	Honest tal Honest tal Honest tal Honest tal Lance talent tal Jacoba N - Cottagn Co

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03427 CERTIFICATE OF DEATH Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Washington Maryland. MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Williamsport Md. vrs. d. STREET ADDRESS IS RESIDENCE ON A FARMA W. Salisbury Street YES NO P 4. DATE Middle Dov Yeor Spickler Newcomer DEATH March 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS DATE OF BIRTH 9. AGE (In years lost birthday) DIVORCED [April 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Home Williamsport Md. U.S.A 14. MOTHER'S MAIDEN NAME Spickler Kate Bragunier 16. SOCIAL SECURITY NO. 17 INFORMANT Address Gravson Newcomer sport INTERVAL BETWEEN

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO

20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.)

20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED 20f. (City or town)

____that I last saw the deceased

factory, street, office bldg., etc.)

and that death accurred at . M. fram the causes and on the date stated abave.

ADDRESS (Street, city or town, store) DATE SIGNED

Young M. 22c. NAME OF CEMETERY OR CREMATORY 226. LOCATION (City, town, or county)

Riverview Cemetery Williamsport Maryland

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S ELGNATUME

(County)

(State)

VS A15 (4)

BUREAU V. L.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS. A15ME(5) 5M 9/55

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03404

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		0	34	1	3
g.	Dist.	No.	0	0	2

Re

	1.	1. PLACE OF DEATH O. COUNTY WASHINGTON MARYLAND			2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE MARYLAND b. COUNTY WASHINGTON					
	Ŀ	o. CITY OR TOWN JIF of the control o	utside corporate limits, write RURAL	c. LENGTH OF STAY IN 16 22 YRS.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 HAGERSTOWN					
/	-		OR INSTITUTION (If not in	o hospitol, give street oddress) OSPITAL	d. STREET ADDRESS 17 PUBLIC SQUARE on a far yes on No					
		NAME OF DECEASED (Type or print)	MARTHA	BARNETT PO	DTTER	4. DATE OF DEATH MA	Month ARCH	Doy 20	Year 1957	
	5. S	FEMALE	WHITE WIDO	OWED DIVORCED	4/25/190	1 1/2	hday Months	TYEAR IF UNDOWS	DER 24 HRS. Min.	
1	10a	USUAL OCCUPATION DURING MOST OF WORKING BEAUTICI.	(Give kind of work done 1) life, even if retired)	OWN SHOP	11. BIRTHPLACE (Stole or foreign country) PENNSYLVANIA 12. CITIZEN OF WHAT COUNTRY U. S. A.					
	13.	FATHER'S NAME WILLIA	M BARNETT		14. MOTHER'S MAIDEN NAME MARY HUSTON					
3	15. Yes		IN U. S. ARMED FORCES? f yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. IN 214-09-2103	MR. JOHN	E. POTTER	Address HAC	GERSTO	SWN /	
0	ATION	PART I. DEATH 1 420 Conditions, if on gove rise to Immedia (o), stoling the uncouse last.	derlying DUE TO (c) R SIGNIFICANT CONDITION:	Acute Coronar		inaldisease condit	TION GIVEN IN PART	PERI	S AUTOPSY	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. Cirrhosis of liver 20c. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. None 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 10 CAUSE OF DEATH. None 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) (County)							YES []	NO [X]	
	MEDICAL	Hour o. m. p. m.	19 0	Vhile Not while facto	ry, street, office bldg., etc. none	-	-		-	
		21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection _X, Inquiry, and find the death resulted fram: Natural causes _X, Accident, Suicide, Homicide, Undetermined cause								
L		ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXA							DATE SIGNED	
ê		EXAMINER'S NAME (Type)		rt Wells, M.D.	DEPUTY MEDICAL		3.	-22-57		
		REMOVAL (Specify)	3/23/57	ROSE HILL	CEM.	22d. LOCATION (Cit HAGEF	y, town, or county) RSTOWN	MD.	ole)	
	23.	FUNERAL DIRECTOR'S	Ment H	ADDRESS PACIFICATION:	Tool Han	25. 1957	Ab REGISTRAR'S SIG		verd	

BUREAU V. S.

TEEL TS AAM

BECEINED

VS A1S (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03405

03414

CERTIFICATE OF DEATH	
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	U341	15	CERTIF	ICA	TE OF DEATH	1		Reg. D	ist. No	. 302	
1. PLACE OF DEATH o. COUNTY Wa	shington		MARYL	AND	2. USUAL RESIDENCE (Who o. STATE Maryl:		ved. If institution b. COUNTY			eton	ion)
b. CITY OR TOWN (I RURAL and give no	f outside corporate limi	ts, write	c. LENGTH OF STAY IN	N 1b	c. CITY OR TOWN (If o		e limits, write RI			-	1)
Hagerst	own		7 days		03 H	agersto	wn				
	ington Cou				d. STREET ADDRESS	ound Av	e.				IDENCE FARM?
3. NAME OF DECEASED (Type or print)	MARSHAL.	st	Middle Middle		RICHARDSON	4. DATE OF DEATH	March		Do		Year 19 57
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	В	. DATE OF BIRTH	9.	AGE (In years last birthday)			IF UNDE	*
male	white	WIDOW	ED DIVORCED		May 5, 1887	3.0	69 yrs.	Months	Doys 16	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (State	or foreign coun	try)	12. CI	TIZEN C	F WHAT	COUNTRY
Sheet Mete			etal Workin	g Co	. Clearfie	ld, Pa.		T	J.S.	A.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME					
William	M. Richard	lson			Eliza	J. Ande	rson				
15. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Addr	ess			
no	(if yes, give wor or dates or t	states!	214-09-0192	Mr	s. William H	offman	Hager	stown	n, M	aryla	and
18. CAUSE OF DEA	ATH [Enter only one co	use per li	ne for (o), (b), and (c).)		4				INT	ERVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY:	. 1	ulmoray	C	Dustalling				ONS	SET AND	Cish
2.41X	DUE TO		0.11		100				-	CV.E	1
Conditions, if o	ay which \	13		0	Hun					Nuh	m.
gave rise to i	mmediate (120	2 All Marry	4	-10001					171	
catse (o), stoting lying couse lost.	rne under-									V	
_	, ()										
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	. (Enter nature of injury in P	Port I ar Part II	of item 18.)				
Y 20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	or 20d. I While at wor	Not while	20e. PLA: fact	CE OF INJURY (Home, form, ary, street, office bldg., etc.	20f. (City or	town)		(County)		(State)
21. I certify the alive an 3/	ADDRESS (Street, city or lown, stote) DATE SIGNET										
PHYSICIAN'S H	PHYSICIAN'S Howard N. Weeks. M.D. Hagerstown, Maryland										
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	3/23/19		Broadford		Cemeterv	Broad	N (City, town, of fording)	or county) , Mar	yla	nd. (Stote	e)
23. FUNERAL DIRECTOR Suter - Houze	s signature or Funeral	Home	ADDRESS Hagerstown	, Md		BY REGISTRAI	24b. REGIS	TRAR'S SI	GNATU	RE	0)

CERTIFICATE OF DEATH

SUBEAU V. K.

2961 98 8VW



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

YES NO

(Stote)

Reg. Dist. No

	2. USUAL RESIDENCE (Where decease o. STATE Mary Lang	d lived. If institution b. COUNTY						
	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	1021 Woodlan	d Way	1		e. IS RESI			
1	Rback 4. DATE OF DEATH	Month 3	h	25	-	ear 957		
1	8. DATE OF BIRTH 9-30-1878	9. AGE (In years last birthday) 5 8 yrs.	Months	Doys	Hours Hours	R 24 HRS. Min.		
S	TRY 11. BIRTHPLACE (State or foreign of Mary Land			U S		COUNTRY?		
	14. MOTHER'S MAIDEN NAME ALICE MEC	reh						

Address

(Tes,	A O	(If yes, give war or dates of service)	214-10-3342 nns.	Jesse B. Humphreys - 1	ddock md.
1		ATH [Enter only one couse ; ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (a), (b), and (c).]	Occlusion	INTERVAL BETWEEN ONSET AND DEATH
	420. /	DUE TO	anteniosed	140011	4-5 W
	gove rise to	immediate (Jan Garage		1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. PERFORMED?

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State) foctory, street, office bldg., etc.)

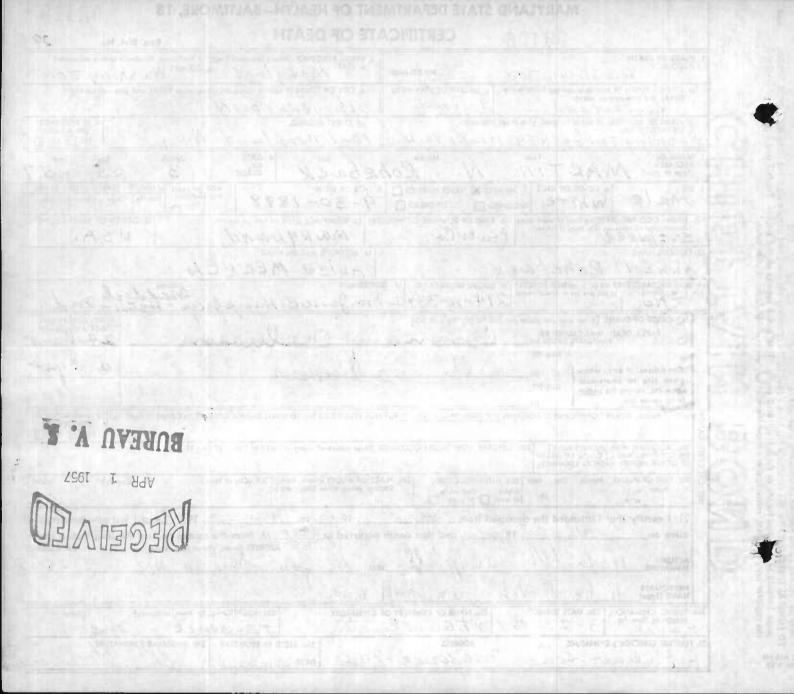
May 25, 193/, that I last saw the deceased and that death accurred at 2 30 .M, fram the causes and an the date stated above.

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MPC STAD

town, or county)

VS A15 (4) 15M 9/55



BUREAU V. S. reget & AGA .D. HTOSETENNE HERETOD .A WETONA 8

VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03408

CERTIFICATE OF DEATH

03417 Reg. Dist. No. 302

1	1. PLACE OF DEATH a. COUNTY	WASHINGTON	1	MARYL	AND	2. USUAL RESI	MARYI		l lived. If instituti b. COUNTY	WASHI		
,	b. CITY OR TOWN PURAL and give HAGERS	(If outside corporate limits, apprest town)	, write c.	45 YRS			GERS!		rote limits, write R	URAL and give	e nearest tow	m)
	d. NAME OF HOSE OR INSTITUTION WASHING	GTON COUNTS		ess) PITAL		d. STREET A		AMOTO	C ST.		ON.	SIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	CHARLES]	RUSSELL		SANBOWE		4. DATE OF DEATH	MAR		Doy 5	Year 19 57
	5. SEX MALE	WHITE	WIDOWED [_		,	/189	4	9. AGE (In years lost birthday)	Months Da		
1	LIQUE 13. FATHER'S NAME		WHO	OF BUSINESS OF			EST	VIRGI	untry)		S.A.	T COUNTRY?
1	GEORGE	W. SANBOWI		the contract to	12-2 10	LII	LIE	JONE		all Valletown	Involute.	
)	(Yes, no, or unknown)	(If yes, give wor or dates of serv	lanu.	ONE		RS. EVA	S.	SANBO		AGERS MD	TOWN	
ļ	PART 1. Di Lack Conditions, if gove rise to code (o), stotin lying couse lost	DUE TO any, which (b)_ immediate g the under.	Total	l renal	sis					vas-	INTERVAL BONSET AND	ıy
)	20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	Y MEDICAL EXAMINER)	Ob. DESCRIBE	E HOW INJURY OC	CURRED	. (Enter noture o						NO 📑
	20c. TIME OF INJU	. 10	20d. INJUR While of work	Not while_	20e. PLA fac	CE OF INJURY (I tory, street, office	Home, farm, bldg., etc.)	20f. (City	or town)	(Cour	nty)	(Stote)
	9.77	that I attended the dar. 5	deceased f	7	death	accurred at		_M, fram ADDRESS (Str	5 , 1957 the causes of the cau	and an the	date stat	
	220. BURIAL, CREMATI	10N, 22b. DATE THEREOF (y) 3/7/57	220	ROSE H	TERY OF	CREMATORY		22d. LOCAT	ION (City, town, CERSTOW		(Sto	te)
	23. FUNERAL DIRECTO		Hago.	ADDRESS Saleren	m	ul.	240. REC'D	BY REGISTE		STRAR'S SIGNAL		resp

BUREAU V. R.

DE ALBORA

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03409

CERTIFICATE OF DEATH

Reg. Dist. No. 302

	1. PLACE OF DEATH O. COUNTY MARYLAN MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Maryland b. COUNTY Wash	before odmission) ington
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 50 year		e nearest town)
2	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION. Franklin St.	d. STREET ADDRESS / 130 E. Franklin St.	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Clifford Newton	Schildknecht 4. DATE OF March 2	Day Year 1957
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	lost birthday) Months D	YEAR IF UNDER 24 HRS. Dys Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Brick Layer Construction 13. FATHER'S NAME	church Hill Fred Co. Md.	EN OF WHAT COUNTRY
1	(Yes, no, or unknown) + (If yes, give war or dates of service)	Cordelia C. Paliver Address Irs Lottie Schildknecht Hagers	town Md.
	18. CAUSE OF DEATH [Enter only one cause per line for, (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate codise (a), stating the under- lying cause last.	brillation, myouralitailure a Heart Alweny	INTERVAL BETWEEN ONSES AND DEATH 3 Must
3	202 ACCIDENT WAS UNDERLYING FT. 20th DESCRIRE HOW INTURY OCCU	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 IRRED. (Enter nature of injury in Part I or Part II of item 18.)	(a) 19. WAS AUTOPSY PERFORMED? YES NO D
			unty) (Stote)
1	21. I certify that I attended the deceased fram 26 Feb alive an May 1957, and that de ACTUAL SIGNATURE ALVS BY PHYSICIAN'S FF LUS BY	nath accurred at 3 to A M, from the causes and an the ADDRESS (Street, city or town, state) M.D. 230 N Patring	st saw the decease date stated abave DATE SIGNE 4—M4 S
	220. BURIAL, CREMATION, 22b. DATE THEREOF ROSE HILL	Y OR CREMATORY L Cemetery 22d. LOCATION (City, town, or county) Hagerstown Md.	(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Scott F. Minnich & Son Hagerstow	VID Md. 249. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	Bowers/

		CMATYRAM
no martine we was and trial		notantdadi
cwode to tell	RABEA OS	modate at 1984
right of the second sec		de milanero. Poti
vil i a louis II teremitatis	of payon fo	bex 221.0
70 1, 1808 70 1	General B	
Charle Hill Fred Co. M.	molorowayano	B water Bright Large C
The Constitution of the Constitution		Devict a. Schallman
Lockie Schildimenhe Hegeratown 28.	purp new park	Nage SMA
BUREAU V. S.		Administration of the Alberta 1, 15 and 1, 15 and 1, 15 and 15 an
7261 7 AAM		
1111 V UELO 3101	Mediately in the contraction of	deltal " 57

TO FUNERAL DIRECTOR:
page 3 shauld by both the registrar prior to but

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

03419 Reg. Dist. No. 302

1. PLACE OF DEATH o. COUNTY Wash	nington		MARYL	AND	o. STATE	rvla		b. COUNTY	on Residenc		admission	n)
b. CITY OR TOWN (If outside corporate limi	ts, write	c. LENGTH OF STAY	N 1b				orate limits, write R			st town)	
RURAL ond give n	erstown		6 Mos		03 1	Hage:	rstow	n				
	TAL (If not in hospital, g	ive street			d. STREET	ADDRESS				e.	IS RESID	ENCE
	Vest Washi	nht	on		/ 6	39 W	est W	ashingt	on ct	,	YES 🔲	
3. NAME OF DECEASED	Fir		Middle		Lo	ost	4. DATE	Mor	nth	Day	Ye	or
(Type or print)	HARRY		L		SCHUS	TER	OF DEATH	Marc	h 14	195	7 19	,
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	D 📆 8	DATE OF BIR	тн		9. AGE (In years last birthday)			-7-	
Male	White	WIDOW			Nov :		874	83 yrs.	Months	Days 1	Hours	Min.
10a. USUAL OCCUPATION	ON (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDUST	RY 11. BIRTHE	PLACE (Stote	or fareign o	country) Md.	12. CITI	ZEN OF	WHAT C	OUNTRY
Machin			Retired		Ha	gers'	town	Wash. C	0	USA		
13. FATHER'S NAME			9 195		14. MOTHER	S MAIDEN	NAME					1
Robert	Schuster				11.29	Barl	bara.	Wevmer				
	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	ORMANT			Add	ress		1	
No	(if yes, give wor or ones or s	ervice,		Mr	s Eth	el C.	Mow	en 402 1	W. Wa	sh i	ng ti	onSt
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	and	ine for (a), (b), and (c).	the	heart	direa	agers	town Md		INTER	VAL BETY	WEEN
1120.0	DUE TO		1.1	1.1		7.7.4.0				1	711	
Conditions, if o	ony, which)	m	yoursold f	ach	M							
gave rise to cattle (a), stating		,										
lying couse lost.		1										
PART II. OT	HER SIGNIFICANT CON		CONTRIBUTING TO DEA	TH BUT N	OT RELATED T	O THE TERM	MINAL DISEAS	SE CONDITION GIV	VEN IN PART		WAS AL PERFORM	MED?
	AS UNDERLYING COUNTY CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED.	(Enter noture	of injury in	Port I or Pa	rt II of item 18.)				
20c. TIME OF INJUI	RY Month, Day, Yes	While			E OF INJURY bry, street, offi			y or town)	(C	ounty)		(State)
21. I certify t	hat I attended the	deceas	sed fram Oct	/	19.57	2, ta_/	4 Max	1957	that I le	ast saw	the d	ecease
alive on 13	May	195		death	accurred a	1145.	P.M. fro					
1	TAT	1				4.4		Street, city or town,				E SIGNED
ACTUAL SIGNATURE	1 Ju	2/24		M	D. 23	MI	aton	uu			15	11451
PHYSICIAN'S NAME (Type)	FFLUS	by			Ha	aer	sInn	My				
220. BURIAL, CREMATIC	ON, 22b. DATE THEREC	OF/	22c. NAME OF CEME	TERY OR	CREMATORY	/	22d. LOC/	ATION (City, fown,	or county)		(State)	
Burial	3/16/57	/	Rose wi	11 0	eme te	rv	Hage	rstown 1	Ta.sh	Co	Ma	
23. FUNERAL DIRECTOR			ADDRESS				D BY REGIS		STRAR'S SIG			. 0
andrew	K. Coffma	n Ha	agerstown	Md.		OSTER	4/8.19	957 6TH	ast	do	سع	20

OF BUILDINGS CONTROL OF THE PROPERTY OF THE PR

BUREAU V.

YAR SO 1957

VEGEIV

Andrews Market Bearing and Company No.

M

00

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

moy be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fapoge 3 should be to be a so the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shifther registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

VS A15 (4) 1SM 9/SS

03420

				Keg. Dist. No.	U			
1. PLACE OF DEATH 6. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marviand	ere deceased lived. If institution b. COUNTY		admission)			
b. CITY OR TOWN (If outside corporate limits, write c.	LENGTH OF STAY IN 16		utside corporate limits, write RI		est town)			
RURAL and give nearest town) Hagerstown	3 Yrs	03 Hagers	town					
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION		d. STREET ADDRESS			IS RESIDENCE ON A FARM?			
21 Broadway		21 Broa			YES NO XX			
3. NAME OF DECEASED (Type or print) ROLLIN F	Middle	SHATTO	4. DATE Mont		Year 7 19			
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR				
Male White WIDOWED!	DIVORCED	June 19 19		Months Days	Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF	WHAT COUNTRY?			
Salesman Re	tired	Sharon M	ercer Co Pa.	USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN N						
Clyde O. Shatto		Maude P	owers					
	CIAL SECURITY NO. 17. II	NFORMANT	Addr	ess	Md			
	-09-7297 E	lizabeth Sh	atto 21 Bros	dway Ha	gerstm			
18. CAUSE OF DEATH [Enter only one cause per line f				INTER	VAL BETWEEN			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	rute commo	no ocelus	inc	ONSE	LAND DEATH			
DUE TO								
Conditions, if ony, which) (b) arteriosclerotic Heart This case 15 years								
gove rise to immediate coese (o), stating the under-								
lying couse lost.					O			
PART 11. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE		WAS AUTOPSY PERFORMED? YES NO			
	BE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort I or Port II of item 18.)					
20c. TIME OF INJURY Month, Day, Year 20d. INJU While of work	_ Not while fac	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)			
21. I certify that I attended the deceased	from	16, 194 2, ta	3-25, 1957	that I last say	v the deceased			
	7 , and that death	accurred at 7.15 A.	M, from the causes a	nd on the date	stated above			
	77-		ADDRESS (Street, city or town,		DATE SIGNED			
SIGNATURE John Hom	chadent	MD 154	West Washingt	on St.	3:25:57			
BUVELENAND								
PHYSICIAN'S John H. Hornbake	er, M.D.	Hage	erstown, Maryl	and				
220. BURIAL, CREMATION, 22b. DATE THEREOF 2	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, o	r county)	(Stote)			
Burial 3/27/57	Rest Haven	Cemetery	Hagerstown	Wash. C	o Md			
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D	BY REGISTRAR 246 REGIS	TRAR'S SIGNATURE				
Andrew K Coffman Hama	bid awa are	Mes	79 1959 /Alas	147100	nersol			

Bill nwo se rosenii nen aroo on wexora

BUREAU V. S

7501 'T A9A



VS A15 (4) 15M 9/55

MEDICAL

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				ATE DEPAR	MT	ENT OF HEALT	H-BA	LTIMORE	, 18	0	34	21
		03412		CERTIF	ICA	ATE OF DEAT	H		Re	g. Dist. No		
	PLACE OF DEATH o. COUNTY	ington		MARYLA	AND	2. USUAL RESIDENCE (* o. STATE Maryl		sed lived. If insti b. COUN	itution: I	Residence befo	re odm	ission)
		f outside corporate limits.	write c. l	LENGTH OF STAY IN	1 1Ь	Maryland Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Hagerstown 2 weeks						x2 Hancock						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION					d. STREET ADDRESS					ON	ESIDENCE A FARM?	
	wasnin	gton Count	у Но	spital		Hancock.	Mary	land			YES	NOX
	NAME OF DECEASED	First		Middle	DE.	Lost	4. DATE	1	Month	De	JY .	Yeor
	(Type or print)	Thomas		Martin		Shives	DEAT	н Ма	rch		7	1957
5.	SEX	6. COLOR OR RACE 7.	MARRIED [NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In year lost birthdo		INDER I YEAR	IF UN	DER 24 HRS.
	Male	White w	IDOWED E	DIVORCED		June 9. 1	869	2 2 Ames	yrs. Q	onths Days	Hour	s Min.
10c	during most of work	ON (Give kind of work don king life, even if retired)	e 10b. KIND	OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (SIO	te or foreign	country)	1	12. CITIZEN C	F WH	AT COUNTRY?
		Carpenter	Ca	rpenter		Maryla	nd			II	SA	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN					711	
	Jacob	Shives				Ellen	Sween	nev				
15.		R IN U. S. ARMED FORCES		AL SECURITY NO.	17. IN	FORMANT		-	Address			
110	s, no, or unanown)	(If yes, give wor or dates of service	No	ne		Lloyd Shiv	es	Han	coc	k, Md		
	18. CAUSE OF DEA	TH [Enter only one couse	per line for	(o), (b), and (c).]						LINT	ERVAL	BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	1 ant a	205 07 0 2000 0	an la). TT			ET AN	D DEATH
	11112 V	IMMEDIATE CAUSE (o)	arte	riolarne	aon	roscherosi	S WIT	h Urem	18		2 d	ays
	Conditions, if or	DUE TO	Uma	nt on as me		ardi ovascu	70	1		i	nde	termin
	gove rise to in	nmediote (DANE	Lieusive	- (-	arolovasco	I S I C	lisease			a.t	0
	couse (o), stoting t	the under-										
7	lying couse lost.) (c)										
CERTIFICATION		ER SIGNIFICANT CONDIT					MINAL DISEA				PERF	ORMED?
FIC	20a. ACCIDENT WA	anillary a						indet	erm	inate	YES [ИО ☑
CERTI	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE	HOW INJURY OCC	URRED	. (Enter noture of injury in	n Port I or Po	ort II of item 18.)				

20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) Hour a. n. foctory, street, office bldg., etc.) While Not while 19 p. m. of work of work 21. I certify that I attended the deceased from March to March . 1957_that I last saw the deceased and that death occurred at 8:00P_M, from the causes and on the date stated above. alive on March ADDRESS (Street, city or town, state) DATE SIGNED

ACTUAL Professional PHYSICIAN'S NAME (Type) William Layman. Hagerstown Maryland

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) St. Thomas Episcopal uria Hancock Md.

23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 15M 9/SS

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	Keg. Dist. No.								
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. II institution: Residence before ad o. STATE	mission)							
Washington MARYLAND	Maryland b. county Washingt	on							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to	town)							
Magerstewn Md. Life time	Magerstown Maryland,								
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. 15	RESIDENCE N A FARM?							
131 West Church Street		NO 🗌							
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Doy	Yeor							
(Type or print) Mattie (ne)	Smith DEATH Manch I	157							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lef UNDER 1 YEAR IF U								
Female Celered WIDOWED DIVORCED	May 24 1868 Se yrs. Months Doys Hot	urs Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WI	HAT COUNTRY							
Demestic Private Famil	Ly Magerstown, Md USA.								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
William Braxton	Mattie Lyles								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) [(If yes, give wor or dates of service) []	INFORMANT Address								
	irs Jane Semerville 131 W. Church	h St.							
18. CAUSE OF DEATH [Enter only one couse per line lor (o), (b), and (c).]		L BETWEEN							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Arteriosclerotic myocardial heart disease ONSET AND DEATH									
DUE TO Wi	th myocardial failure grade iv								
Conditions, if ony, which) (b)									
gove rise to Immediate DUE TO									
lying couse lost. (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. W.	AS AUTOPSY REORMED?							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT None	YES								
I ≈ LOR CONTRIBUTING □ CAUSE OF DEATH I	ED. (Enter nature of injury in Part I or Part II of item 18.)								
1.0110									
	LACE OF INJURY (Home, farm, 20f. (City or town) (County) actory, street, affice bldg., etc.)	(Stote)							
Hour o. m. None 19 While Not while p. m. None 19	None								
21. I certify that I attended the deceased from Feb.	, 1957_, to March T., 1957_, that I last saw t	he decease							
	h accurred at 2:00 M, from the causes and on the date st								
000-50	ADDRESS (Street, city or town, state)	DATE SIGNED							
SIGNATURE O College Mells	M.D. 115 N. Potomac Street	3-4-5							
PHYSICIAN'S S. Robert Wells, M.D.	Hagerstown, Maryland								
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or county) (State)							
Burial 3_4_1957 Rose Will	Cemetery Maerstewn Maryland								
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE	N. 17 B.							
Tot RINATION NORCETTINA	MN Juer 7, 1957 Was stoler	assa							

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

IF UNDER 1 YEAR IF UNDER 24 HRS

USA

(County)

Maryland

Hours

INTERVAL BETWEEN

PERFORMED? YES T

NO D

(State)

12. CITIZEN OF WHAT COUNTRY?

Manths

. IS RESIDENCE

ON A FARM?

YES NO X

Year

1957

CERTIFICATE OF DEATH

Reg. Dist. No.

BUREAU V. E.

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MARYLAND 03415	CERTIFICA	ATE OF DEATH	H-BALTIMORE, 18 Dr Hoffman	03425 at. No. 302				
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE TYLAN	d Washington	ce before odmission)				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate limits, write RURAL and g	jive nearest town)				
d. NAME OF HOSPITAL (If not in hospital, give street of or INSTITUTION Wash. County Hospital		d. STREET ADDRESS	escent Road	e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print) CHARLES	MILLIAM	STEEN	4. DATE Month OF DEATH March 21	Day Year 1957 19				
5. SEX 6. COLOR OR RACE 7. MARR WIDOWE	DIVORCED	B. DATE OF BIRTH July 13 189	10st birthdoy) Months 97 59 yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Agent	KIND OF BUSINESS OR INDU	Darby De.	laware co Pa.	USA				
William F. Steen		Ella I	Eckert					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) [(If yes, give war or dates of service)		INFORMANT Elizabeth G.	Address Steen 1234 Cre	scent Rd				
18. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which)	de.nocerc		stown ma.	INTERVAL BETWEEN ONSET AND DEATH 5 77 6				
gove rise to immediate code (a), stating the under-								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OF CONTRIBUTIONS UNDERLYING CONTRIBUTIONS CONTRI	10 0 1:-	vesculer	Dijecte -	T I(o) 19. WAS AUTOPSY PERFORMED? YES NO				
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. White	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)							
21. I certify that I attended the decease alive on Merch 20, 19 decease actual signature Clayer C. A. Physician's NAME (Type) Liby d A.	foffno HEFF me	M.D. 214 N P	M, from the causes and on the ADDRESS (Street, city or town, stote)	last saw the deceased the date stated above DATE SIGNED LISTONE MALE				
220. BURIAL, CREMATION, 22b. DATE THEREOF BUT18.1 3/23/57	Rest Haven	Cemetery	2d. LOCATION (City, town, or county) Hagerstown Wash					
23. FUNERAL DIRECTOR'S SIGNATURE Andrew K. Coffman Hag	erstown Md.	Stan PEC	D BY REGISTRAR 246. REGISTRAR'S SIGNAL 25. 1957 6 COST	Bowell				

BUREAU V. 2

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Andrew I. Corling Hoverston and Wester















MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE

ON A FARM?

1957

YES NO D

Year

IF UNDER 24 HRS

PERFORMED?

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DATE SIGNED

YES X

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03428

03417 CERTIFICATE OF DEATH

Reg. Dist. No. 1302

9	COUNTY MARYLAND	2. USUAL RESIDENCE (Work of STATE Pennsy)	Where deceased lived. If ins b. COL		-
1	CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) 22257		outside corporate limits, wo	rile RURAL and give no	
	d. NAME OF COSPITAL (If not in hospitol, give steel address)	d. STREET ADDRESS		tle Ave	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED Type or print) A First A Middle A Coul	Warne	4. DATE OF DEATH	Manth 0	y Year 19 <i>5</i> 7
5. \$	WIDOWED DIVORCED	B. DATE O BIRTH O			R IF UNDER 24 HRS. Haurs Min.
	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU gring mast of working life, even it retired) Building	STRY 11. BIRTING CE (State	e or foreign country) Waynesboro	3/1	S ,
13.	FATHER'S NAME	14. MOTHER'S MAIDEN	NAME		
	A. Ritchie Warner	Alvilo	la Eibee		
15. Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT		Address	Penna.
		rs. A. Carl W	Varner, 115 M	lyrtle Ave.	Waynesboro
7	Conditions, if any, which gave rise to immediate couse (a), stoling the under-lying couse lost.	we las c	ilar Di	slase a	dyrs,
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT				19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Mour a. 11. P. m. 19 20d. INJURY OCCURRED While Not while of work of wark	ACE OF INJURY (Hame, far clory, street, affice bldg., et	m, 20f. (City or town)	(County)	(State)
	21. I certify that I attended the deceased from 2-26- alive on 3-9, 1957, and that death	occurred at 5:31			
	PHYSICIAN'S J.G. WARDEN	MA	RYLA	ND	P .
220.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR Page 13/12/57 Green Hill	R CREMATORY	22d. LOCATION (City, to Waynesbor	11	(Slaje)
23.	FUNCEAL DIRECTOR'S SIGNATURE ADDRESS VAILET 4 HEAS, Was nead-over	Pa. 240 REC		REGISTRAR'S SIGNATU	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the page 3 should and the stacked for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registror privity burial, cremation, or removal, and in any event within 72 hour after depth. VS A15 (4) 15M 9/55

IN OF THE RESERVE				
		BANKS IN THE STATE OF	THE REAL PROPERTY.	1457
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03429

03418

CERTIFICATE OF DEATH

Reg. Dist. No. 30Z

1. PLACE OF DEATH a. COUNTY	Washingto	n	MARYLAND	o. STATE Ten	E (Where deceased	l lived. If instituti b. COUNTY		efare admis	sion)
RURAL and give n	(If outside carporate limearest tawn) rstown	its, write c.	LENGTH OF STAY IN 16		N (If autside carpor Memphis '	rate limits, write R	URAL and give	nearest law	n)
	TAL (If not in haspital.		ress)	d. STREET ADDRE	iss 1826 Lemi	ar Pl.			SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	r Isa	belle	Middle Lucille	White	4. DATE OF DEATH	Mor M.	arch	Doy 13	Year 19 57
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)	Months Do		1
Female	White	WIDOWED			914	42 yrs.	Months Do	ys Hours	Min.
10a. USUAL OCCUPATION during most of wor House 1 13. FATHER'S NAME	king life, even if refired	dane 10b. KIN	D OF BUSINESS OR INDU		cy Pa.	iuntry)		OF WHAT	COUNTRY
Robert.	N. Haldema	n		B	Bessie Sa	nders			
1S. WAS DECEASED EVE (Yes, no. or unknown)		CES? 16. SOC		INFORMANT Richard Hal		Add	ress th Wale		300
Z	the under. DUE TO	DITIONS CON	Picks Re				VEN IN PART I(C	S Reson	mo,
OR CONTRIBUTION OR CONTRIBUTION (IF EITHER, NOTIFY 20c. TIME OF INJUI Hour a. st. p. m.			RY OCCURRED 20e. PI	ACE OF INJURY (Home	farm, 20f. ICity		(Caur	17)	(State)
21. I certify all olive on Actual SIGNATURE	nat I attended the	1817 Luco	fram. Jeff V		ADDRESS (SI	the causes of the courses of the causes of the cause of the causes of th	State) Hag	date state	decease ed abav ATE SIGNE
PHYSICIAN'S P NAME (Type) 220. BURIAL, CREMATIC REMOVAL (Specify	hilip J. Hi		c. NAME OF CEMETERY C	W. Washi ng	22d. LOCAT	ION (City, town,	or county)	y Land (Slot	e)
23. FUNERAL DIRECTOR	'S SIGNATURE	E W	ADDRESS	Pa 249	REC'D BY REGISTI		nklin Strar's Signa EASTK	TURE Zocal	ero

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03430 CERTIFICATE OF DEATH Reg. Dist. No. 30 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY ASHINGTON MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) 17 MOS. AMILTON AUGANSVILLE d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? LINCOLN ENNONITE HURCH YES NO 3. NAME OF Middle 4. DATE Year Day DECEASED (Type or print) DEATH ARCH 1957 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys EMALE WIDOWED DO DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) LDGEMONT U.S. A OUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME carl oft OOVER STOUFFER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 420.0 DUE TO Conditions, if any, which ! gove rise to immediate DUE TO couse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? businen 14 YES NO 1 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) 0. 11. factory, street, office bldg., etc.) While Nat while of work at wark 21. I certify that I attended the deceased from 1956 to Man 17 , 1957, that I last saw the deceased and that death accurred at 4 30 M, from the causes and an the date stated above. OR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL FUNERAL DIREC HOSPITAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) шау REMOVAL (Specify) PHAMBERSBURG 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 CHAMBERSBURG

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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03419

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	1.2		2. USUAL RESIDENCE (V	Vhere deceased lived	L COUNTY				
	ishington If outside corporate limits, write	c. LENGTH OF STAY IN 16	o. STATE Maryland b. COUNTY Washington c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown						
RURAL ond give n	eorest town) agerstown	18 yrs.							
d. NAME OF HOSPIT	TAL (If not in hospital, give stre	et oddress)	d. STREET ADDRESS e. 15 RES						
	on County Hosp	oital	516 Washington Square YES NO K						
3. NAME OF DECEASED (Type or print)	JOSEPHUS	WOLFKILL	4. DATE OF DEATH	Month Marc	Doy ch 3	Year 1957			
. SEX		RUBY ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AC	SE (In years IF L	JNDER 1 YEAR IF			
Male		WED DIVORCED	Jan.9,1884	los 7	t birthdoy) Mo	onths Days H	ours Min.		
Oa. USUAL OCCUPATION	ON (Give kind of work done 16 king life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	te or foreign country		12. CITIZEN OF V	VHAT COUNT		
Machinis		Aircra ft	Chambe	rsburg, Pe	nna.	U.S.			
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
Henr	y Edmond Wolfk	ill	Emma	Jones			1000		
Yes, no, or unknown)	R IN U. S. ARMED FORCES? [If yes, give wor or dates of service]		NFORMANT	_ 19	40 Greer	field Ro	had		
No		214-09-0198 Mr	s.Chas.W.Mil	ler Ha	gerstown	ı.Md.	· ····		
Conditions, if o gove rise to i cosse (o), stoting lying couse lost.	mmediote (0		
Š	HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CON	IDITION GIVEN I	P	WAS AUTOPSY PERFORMED?		
(IF EITHER, NOTIFY	AS UNDERLYING TO 206. DE CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of	item 18.)				
20c. TIME OF INJUR Hour a. m. p. m.	Whi	E-	ACE OF INJURY (Home, for ctory, street, office bldg., e		wn)	(County)	(State		
21. I certify th	I attended the dece	ased from	, 193 , to	/ Chick	190 1	at I last saw	the deceas		
alive on	weeks, 19	, and that death	accurred a 1220	AM, from the	causes and	an the date :	stated aba		
ACTUAL	MA	alle	LL	ADDRESS (Street	ity or town, state	1 41	PATE SIGN		
SIGNATURE	ALLER	,	M.D	7001	1	/ 0	17/		
PHYSICIANIS NAME (Type)	ack Henson Bea	chley M.D. 22	el W. Washingt	on St. Ha	gerstown	,Md.			
20. BURIAL, CREMATIC REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or co	unty)	(Stote)		
Burial	3/5/57	Rest Haven	Cemetery	Hager	stown		Md.		
3. FUNERAL DIRECTOR		ADDRESS		C'D BY REGISTRAR	24b REGISTRA	R'S SIGNATURE			
Rest Haven	Funeral Chapel	Inc. Hagerstow	m, Md.	1.5,1957	10 has	11/20	werk		

may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by that funeral director, page 3 shauld etached for use as the burial-transit permit. Then please remaye corbon papers. Pages 1 and 2 hald be filled with the registror proof a burial, cremation, or removal, and in any event within 72 haurs ofter deaths. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.. Page VS A15 (4) 15M 9/55

BUREAU V. S

7 AAM

1961

DI STREET STEEL ST

CERTIFICATE	OF	DEA	TH

03432 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Was	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Washington									
b. CITY OR TOWN (RURAL and give n	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
Hagers	town		22 years		03 Hage	rstown	1			
d. NAME OF HOSPI OR INSTITUTION 28 E	TAL (If not in hospitol, g ast Washing	ive street ton S	oddress) Street		/ d. STREET ADDRESS 28 East Wash	ingtor	Street		10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	WILLIAM Fir		Middle HENRY	W	Lost OODYATT	4. DATE OF DEATH	March	nth	Day 29	Year 19 57
5. SEX	6. COLOR OR RACE	7. MARR	HEDE NEVER MARRIE	0 🔲	B. DATE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDER 1		NDER 24 HRS.
male	white	WIDOWI	DIVORCE		October 22,	1871	RE yrs.		7 Hou	rs Min.
100. USUAL OCCUPATION during most of wor Retired For	king life, even if retired				stry 11. BIRTHPLACE (Stone Staff)	rdshi			S.A.	IAT COUNTR
	of house Tile a door	A.A.					a. Dunta ad			
15. WAS DECEASED EVE	thur Woodya		SOCIAL SECURITY NO	117 1		griott	e Priest	lress		
(Yes, no, or unknown)	ATH [Enter only one co	2]	4-09-1994	M	rs. Maly L. V	Voodya			Maryl	and
Conditions, if o gove rise to i code (o), stoting lying cause lost.	immediate (Ну			atic Heart		marte !		-1	yrs.
PART II. OTH			ellitus,		NOT RELATED TO THE TERM	MINAL DISEA	SE CONDITION GIV	VEN IN PART I	PER	S AUTOPSY FORMED?
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRE	D. (Enter noture of injury in	Port I or Po	rt II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Yes	While	NJURY OCCURRED Not while t of work	20e. PL.	ACE OF INJURY fHome, far ctory, street, office bldg., et	m, 20f. (Cit	y or town)	(Co	unty)	(State)
actual signature Physician's	nch 20		$7_{}$, and that	death	26_, 1957_, to_M accurred at 7:35 M.DPro	A_M, fro	m the causes of Street, city or town,	and an the stote)	date st	DATE SIGNE
220. BURIAL, CREMATIC	177 am T	Lay		TE 0:	<u>Hagersto</u>		71011 (0)	*	aryla	
REMOVAL (Specify) Burial			Rest Hav				erstown,		,	tote)
23 FUNERAL DIRECTOR	er Funeral	Home	ADDRESS Hagerstow	n. 1			TRAR 245. REGI		LATURE	24.0

VS A15 (4) 15M 9/55

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03433

)		0343	1	CERT	FICA	ATE OF DEATH			Reg. Dist.	No. Z	30>
	PLACE OF DEATH o. COUNTY	ASHINGTON		MARY	(LAND	2. USUAL RESIDENCE (Whe		d lived. If institution b. COUNTY	n: Residence b	efare adm	nission)
	b. CITY OR TOWN (IF	outside carporate limit prest tawp) POWN	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF OUT HAGERS!		rote limits, write RU	RAL and give	nearest to	own)
	d. NAME OF HOSPITA OR INSTITUTION WASHING!			OSPITAL		d. STREET ADDRESS 734 WASHI	NGTO	N AVE.		ON	ESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	DAVID	t	Middle CONRAD		OUNGBLOOD	4. DATE OF DEATH	MARCH		Day	Year 19 57
	MALE	6. COLOR OR RACE WHITE	7. MARR		LU LA	8. DATE OF BIRTH 3/2/57		9. AGE (In years lost birthday) yrs.	Months Da		
100	o. USUAL OCCUPATIO during most of worki	N (Give kind of work on his life, even if retired) INFA		KIND OF BUSINESS C	OR INDU	MARYLAN		ountry)		S.A	AT COUNTRY
13.	CONRAD	H. YOUNG	DI OC			14. MOTHER'S MAIDEN NA			31 13		
15. (Ye	WAS DECEASED EVER		CES? 16.). 17. II	NFORMANT	YOU		"HAGE	RSTO MD.	WN
	PART I. DEAT	TH [Enter only one con H WAS CAUSED BY: IMMEDIATE CAUSE (o		11	1 /13	ci de sis					BETWEEN ND DEATH
	Canditions, if an gove rise to im coese (a), stating to lying cause last.	mediate (on genl	11	cystic d	1246	or offe	2674	4	Luz
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	OITIONS C	CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMIN	IAL DISEAS	E CONDITION GIVE	N IN PART 1(PER	S AUTOPSY FORMED?
	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of injury in Pa	ort I or Pori	t 11 of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	20d. It While of war	Not while of work		ACE OF INJURY (Home, farm, story, street, office bldg., etc.)		or town)	(Cau	rty)	(Stote)
	21. I certify the	at I attended the	deceas	ed fram 2/	700	6 , 19 17, to 6	Mu	LL , 19 5	7that I las	saw th	e deceased

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. After this certificate has been signed by the attending physician and campletely filled in by the hed far use as the burial-transit permit. Then please removes about papers. Pages 1 and 2 sh may be retained by TO FUNERAL DIRECT TO HOSPITAL OR

sched far use as the burial-transit permit. burial, crematian, ar remayal, and

eral director, be filed with

death.

urs offer

Page

the registrar priar page 3 should be VS A15 (4) 15M 9/55

220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF

ACTUAL

PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

(State)

157 3/8 REST ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE

240 REC'D BY REGISTRAR

17___, and that death accurred at 4.417M, from the causes and an the date stated above.

Contract

BUREAU V. A.

WAR 12 1957

AIBOEIA